



The Creative Woman



W O M E N A S H E A L E R S

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The Creative Woman is published three times a year by Governors State University. We focus on a special topic in each issue, presented from a feminist perspective. We celebrate the creative achievements of women in many fields and appeal to inquiring minds. We publish fiction, poetry, book reviews, articles, photography and original graphics.

Cover: Betye Saar, etching, 1964

In the last ten years feminists, both inside and outside the medical profession, have mounted an increasingly sharp criticism of "establishment" health care delivery. The growth of women's clinics, teaching self-care, educating women to take responsibility for their own bodies, epitomized in the best-seller *Our Bodies, Ourselves* (1976), was part of that thrust. TCW has been active in this process: Gena Corea's book, *The Hidden Malpractice: How American Medicine Treats Women as Patients and Professionals* (1977) and Mary Roth Walsh's *Doctors Wanted: No Women Need Apply* (1977) were reviewed in our Spring 1978 issue (V. 1, No. 4); and in Fall 1982 (V. 6, No. 1) we put out an issue on "Our Bodies: Taking Charge", focusing on Wellness, Exercise and Sport, with an extensive bibliography on women's health issues.

In our most recent issue on Women in China, we saw how Chinese physicians are integrating western medicine and traditional Chinese medicine.

Now with this issue devoted to Woman as Healer, we take the topic further and, we think, deeper. In our lead article, "Voices", five physicians, establishment-trained, tell us eloquently what is wrong; tearing away the veil of the "medical mystique", they share with us their passion for their work as healers and their rage at those obstacles that impede or prevent sound practice in this period of bureaucratized and commercialized medicine.

Suzanne Palmer, guest editor, provides a special section on alternatives: modes of healing involving various art therapies, rituals, and shamanistic practices borrowed from other cultures, in stark contrast to modern medicine as we know it. Yet, when she writes, "Healing devoid of concern for the whole person may be cheaper in the short run; in terms of a whole life, we are just beginning to see the high costs..." she expresses a thought that is entirely compatible with those spoken by our doctors in "Voices." And when she writes about these other approaches to healing, "You don't have to be a believer, only keep an open mind to the possibility. . ." she states an attitude entirely consistent with scientific skepticism.

What might health care look like in the future? Can we imagine some integration of scientific medicine and the healing arts as described here? Should we think of them not as "alternatives" but as "complements"? What special role do women play in healing?

Janet Green describes her recovery following the

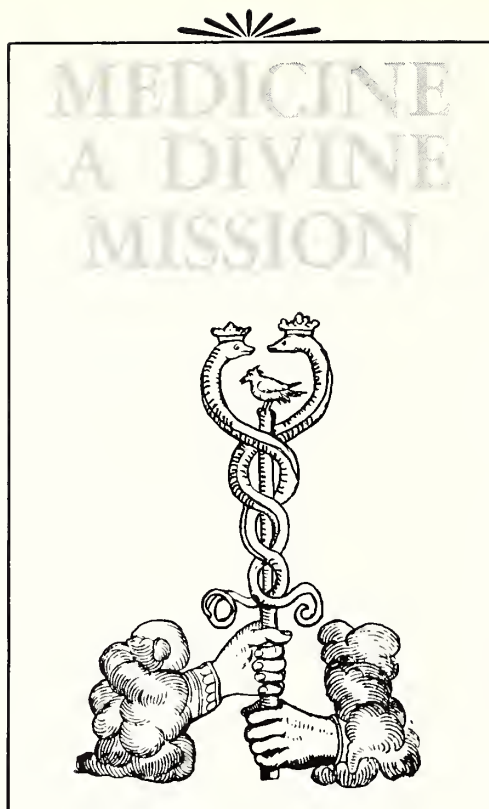
loss of an infant, Carol Hunter explains her method of using gestalt imagery in healing, and Sheri Bortz reviews a book on the history of women in medicine in America.

We hope that this issue will provoke some letters: agree or disagree, but let us hear from you.

HEH



Hygieia, daughter of Aesculapius and goddess of health



VOICES: AMERICAN WOMEN IN MEDICINE

In April 1986 Barbara Jenkins, professor of psychology at Governors State University, convened a symposium on the subject "Women in Medicine and Their Sense of Self," part of a three-day conference on Women's Changing Roles and Changes in Self-Concepts. The physicians who participated were Meryl Abensohn, M.D., dermatologist, Anchor Organization for Health Maintenance; Jaya Adiga, M.D., staff physician, Oak Forest Hospital; Ann Marie Dunlap, M.D., internist, private practice; Sheri Bortz, M.D., general practitioner, medical director of Our Health Center, a community clinic in Palo Alto. The proceedings were recorded on three and a half hours of audio and video tapes which are on file in the Governors State University Library. What is presented here are a few of the highlights that appealed to the Editor. The doctors discussed first their personal reasons for entering medicine, the task of balancing personal and professional life, and then entered into a penetrating criticism of medical education and the delivery of health care in this country in the 80's.

Barbara Jenkins: Do you want to share some of what your experiences were in choosing medicine and going to medical school and what you experienced because of being a woman?

"In my case there wasn't too much difficulty. I come from a family of doctors. My uncles and most of my cousins were doctors. My father was a professor of surgery in India. He was a surgeon and I am one of two siblings, and it was always assumed I was going to be a doctor. I never realized how difficult it was going to be, but it was assumed I was going to be one, and that's the way it was. I chose medicine because I thought at that time it was the profession to be. You know. Noble and all that."

"I had a rather different experience. I do come from a family where women enter the professions, but I always thought I would be a biologist and I was set to have a career as a research biologist and become a professor at some university. As I progressed through college there was a lot of pressure from both my family and professors for me to go into medicine, and I really was convinced in my own head that I did not want to be a doctor. I was a very shy person and I also wasn't very assertive, and when I looked at how I saw physicians in the world, and looked at myself, I felt there was absolutely no way that I could fit into that role. For reasons that I almost can't understand, I was all set to apply to graduate school and this professor at the University of Illinois in Urbana said, 'Oh, you know, you're making the biggest mistake of your life. Absolutely, you will regret going to graduate school.' You know, all the way through medical school I had a lot of issues dealing with why I was there — if I was there to please myself or to please other people."

"My experiences are unusual, but also similar to Sheri's. I was going to be an archeologist, and I decided that it made no sense to be an archeologist after six years of Latin because I couldn't take being out in the sun on a dig. If you couldn't do that, there is no sense coming into the field. In college I got very interested in the sciences. I was thinking also of going to graduate school, probably in genetics, but I wasn't sure that I wanted to be dealing with fruit flies for the rest of my life. I also was not sure when I was in medical school that I wanted to be there, so it wasn't an easy time for me."

"I grew up in an orphanage. In my own child-like way I thought that I had been left there to die. I stopped eating and the nun who was in charge of the cottage became alarmed and sent me to the doctor. He was a very old doctor, a retired general surgeon who I remember as being a gruff old man. There was not much kindness in my childhood and I experienced that as an act of incredible kindness. I decided I was going to become a doctor."





Did you find any prejudice in medical school or any special treatment?

"I went to medical school just at the time when things had taken a dramatic turnaround from having just a few percent of the people in the class being women, it had jumped dramatically over a one or two year period to about 20 or 25 percent. So, actually there were more women in my class as a medical student than I was used to having in my classes as a science major in college. In general, I was very much encouraged by the people I was around to continue on. The medical school I went to, which was Washington University in St. Louis, makes a commitment to you and really works with you so that you graduate from the school. On rare occasions, mainly in the surgical specialties, and also OB/Gyn, I had a few experiences where I would be in a small group and the teacher would not look at me. I really felt that I was isolated and that there was a problem; it didn't affect me deeply other than to make me realize that there were people who didn't accept women as being physicians. Mainly I feel that I was treated fairly well and encouraged."

"As you know, I come from India. I studied in Christian Medical College, which is one of the biggest medical institutions in Southeast Asia. There is a story about how that was founded. The college and hospital were founded by an American missionary, Ida Scudder, at a time when women were in need of medical help and there were no women doctors in that village. They would not go to a male doctor and so they died. We have a huge Moslem population where still if they are orthodox they will not be treated by male doctors. So, for a long time women physicians have been accepted in India."

"I think the prejudice that I felt began at home. When I said I was interested in applying to medical school, my grandmother said to me, 'Why do you want to be a doctor, just marry one.' My father, too, would have been very happy if I were a secretary and married and had three children, but he felt obligated to give his children the education that they desired, so I really didn't get support from home for medical school. When I was interviewing for medical school I found most of the prejudice by the women who interviewed me. I had one woman at a state university who felt that in medicine a family life and professional life were incompatible and I think she felt this on the basis of the fact that she had been divorced twice and it was incompatible for her. When I applied to another school, one of the women administrators asked me if I was going to medical school to find a husband. What I did notice is that the women

in medical school tended to pair up. For some reason or other this was our support system. When we entered the wards I think the residents were overwhelmed with what to do with us. Where were we going to sleep? They hadn't figured out these logistics yet. Sometimes I think the ego of some of the male residents got bruised if you as a female medical student could answer questions that they couldn't. Later on in my interviewing for residencies, I found more prejudice at the interviews than in the actual residency experience. First of all they wanted to know if you were married and if you were planning to have children during your residency. One program explained that none of their residents ever had children. It was highly discouraged during their residency there. But I think in dermatology I didn't feel any prejudice whatsoever. If anything I think patients were thrilled to have women doctors."

"When I was in college I was taking some pre-med courses, and I suddenly realized I didn't want to become like the people I was taking premed courses with. I never met such an incredibly unkind group of people. I remember being in a chemistry class and arriving a little late only to find out that somehow there wasn't enough ingredients to do the experiment. People were forever spilling on my laboratory books. It was an extremely competitive premed. Shortly after I finished, I taught in high school for awhile and then I was married. My husband had a Ph.D. in philosophy and was having a difficult time getting started and at that time I had completed all the premed requirements and had taken the test. He couldn't get a job with any permanency. It was my husband who asked me whether or not I would go to medical school. I said, only if you promise that when I finish, we will have a family. In the meantime I developed TB and was in a sanitarium for a while. We couldn't have children because it was a resistant form and I was on TB medications for about three years. While I was recovering from TB I started medical school and I finished medical school a year after I finished taking the pills. And then for reasons I didn't understand my husband kept putting off having children until when I finished my residency he informed me that he had found someone else."



How has being a doctor changed your sense of who you are?

"Marriage plays an extremely important role in that. I married a doctor and in India many of our marriages are arranged. They try to see which would be a better companion so it was naturally assumed that I should marry a doctor. He would understand the hours I put in or

would be able to be supportive. At the end of one year my husband said maybe I should stop for awhile and stay at home. He was much older, and he was already established in practice. So I did stay home and when I stayed home I thought, 'Well why not have another kid?' I got twins. I wanted to run away sometimes."

"I married a fellow medical student. I had taken time off to do research and so he was ahead of me and started his internship in another location. I did my own thing which was graduate work at that time. When I decided to go back into clinical medicine and do an internship which was very important for me in terms of my personal development, I was surprised to find that the man whom I had emotionally supported very much during his training wasn't willing to do the same for me. Our marriage didn't survive the internship. I found myself on my own again, which I had not planned when I initially got married, but I had to make decisions for myself which in a sense was very freeing. When I finished my residency I was able to choose any city to move to and look into the best job opportunity. I think it takes somebody who is very supportive and understanding to marry a woman in medicine."

"I'm single and I've never been married. I just didn't fit very well into the system. I had different ideas about how things should be done, which were not given much credence or support among my male colleagues. I'm sort of a creative person and I think medical education is very rigid, it's very structured, it's a lot like the Army. At first I got very depressed. I think working through that and coming to my own sense of self in a rigid system but not being dominated or changed by it was a really good experience for me. I learned to assert myself. I learned to play by the rules on the surface but meanwhile keeping my own sense of self and my own values intact. Just going through this process turned me into a very independent person. I think it was my internship that finally completed the process. I was an intern and I made decisions on all sorts of things in the middle of the night on my own. It made me realize that I was my own person and that my judgment was as good as anybody else's. I'm very independent and I don't feel that I need somebody else to take care of me. When I was on call, I was it! I didn't have to go through a growth process to be given a lot of authority. I think that in this society, especially now that we're all moving around and there are not extended families, that it's very difficult for women or anybody to raise children in this culture. There isn't a lot of societal support for the child rearing process. It's not valued. I think that anyone and especially women who are trying to

develop a career are sort of in a system where the society in general doesn't provide a means so that women or whoever is doing most of the child rearing gets support and I think that's a problem for all professional women."

"That is what I am. I am a doctor, I am a wife and I am a mother of three children. And those three children have nobody but me. Now that they are older; my daughter is a freshman in high school, she is 14, and the twins are 12, I work full time now — 40 hours. I don't have a private practice. I am free on weekends and evening. Because my husband is in private practice and he is on call 24 hours, I am the one who takes care of the children and the home. I like that, that's what I am, and I like to take control of whatever I do. But I get upset about what I did not achieve. In eight years my colleagues are all chairmen and all that. I lost that eight years. I cannot catch up. My whole thing has to be complete. Success to me or to an Indian way of thinking is not just career it's got to be a mixture of everything."



What is different about the way you practice medicine because you are a woman?

"I'm interested in the course my career has taken, because when I left Washington University I really didn't respect the way medicine was practiced and I didn't want to have anything to do with a medical system that I thought was abusive to both the patients and the people who were practicing it — the crazy hours, the way doctors, especially at university hospitals, were very competitive. People lied, people would say, Oh that's a stupid idea; one professor to another. Then they would take it and they would use it. There were things that I really didn't like about the system and so I decided that I was not going to be a clinician because I did not want to participate in this kind of system. It was awful, so I did two things; one, I started volunteering at community clinics and got in touch with what was going on in the women's movement, women's health care, and learning about the whole women's self-help movement. Also, I started moving toward thinking how I had always wanted to be a scientist anyway, would go into pathology and have a career in research. I was very interested in immunology and thought I would just leave this mad world of sickness and doctoring. For awhile I had these two parallel courses of working at community clinics, and going along a pretty traditional career path in pathology. I did an internship to prove to myself that I could do it and then I went to Stanford University where I was in the Pathology Department. At the same time I was working first as a volunteer and then

getting paid at the clinic of which I'm actually the director now. I started working there one night a week. At first I really loved pathology, it was interesting, and I loved autopsies — reading a patient's chart and then getting in there and seeing what really happened. There came a point where I decided that what I really like was the outpatient work at the clinic. I was able to train myself as basically a general practice outpatient physician and realized that this was a way. My main job, my medical director job, is 28 hours a week; it's 18 hours patient care and 10 hours administrative. It's a really interesting kind of clinic. It's almost all women. We take care of people in general with very simple problems and then we refer more complicated cases. We train community people to be medical assistants and counselors. We are really strong on health education and helping people to make their own decisions about what kind of options they have for taking care of their medical problem. This is a low paying but very rewarding job. It's a place where I feel that there is support for women's values and I'm excited about working in a medical setting where women's values, being gentle, not being real aggressive are respected. In medicine it's all getting money..money.. money, and I feel like a ray of hope in the darkness. It's very difficult to maintain our posture, but everyone there is committed to patient education. We are really committed to what we are doing. It's very hard, but I feel good about being a part of something good. I have the wonderful blessing of not having people call me in the middle of the night. I don't have to work on the weekend. I do pottery and I'm able to truly and wholeheartedly enjoy that. I guess I have later in my life come to that sense of self that you were talking about."

"One would hope that women wouldn't botch it up as badly as men have. That's what we are hoping — that we will have learned by their mistakes and we will have our own experiences. We need nurturing in this society. I think we expect more from a woman. I think we expect more from professional women. I have many patients who come to me and say, thank God I found a woman physician, because, frankly, I figure out that in order for you to have gotten through at this time you have to be good...or better than most. My experience of other women professionals I've met, is that money isn't the bottom line. Women expect women to be better than men. This is where criticism of women by other women stems from, is that women really expect other women to be better than the men and when that falls short, that's when the criticism comes. What I think is that it has to do with the combination of being a

perfectionist or having some notion of doing one's job well, and at the same time being nurturing, and when a woman in professional positions does not do both those things, then the criticism is there, because the expectations are there. I find that true almost everywhere. I have a large female population of patients and they tell me if I have not explained their mammogram to their satisfaction. I hear about it. Women bring their husbands and their fathers to me, because they want a woman's job to be done. I think there is another point to it and that is when women talk together there is a group of conversations we have that I think consists in telling stories. We tell stories about our families. We tell stories about the people we know. The so-called gossip is really a recitation of a short history; it's a moral history of some kind. We are fascinated by historical progress and how this episode came about. Frankly, when we really think about what a history and physical examination is, it's an interaction with a patient that is quite similar to interactions women have traditionally had in which there is a real search for: I wonder why this happens?"

"I remember very well when my husband was attending a trauma case and he said some woman shot her husband and I wanted to know who, what and why. He said I don't know, he didn't even find out. I said, 'how can you not find out?' I want to know why she shot him. I think the history is incomplete there."

"Also with the treatment, if you don't really understand, you can't just give advice. I think that's part of our need and our curiosity which is a different kind of curiosity from that demonstrated in little mechanical devices that fascinate men."

"This is what make women better doctors. These are the things that are important in healing. It's not mechanical, it's not a science, it's an art. They did a comparison of male and female medical students and male students were more confident than competent and female medical students were more competent than confident."

"I think there is a certain fascination about people's lives and medicine is just one aspect of being fascinated. I used to read, I loved novels, and I think I probably have read every single novel from the 18th century on. What happened to me in medicine is that one year I just couldn't do it anymore. I thought to myself, now why can't I read anymore? The reason was that the lives I was listening to were far more exciting. One's practice is fascinating."

"Listening is half of it. Even cancer is an attitude. It can be beaten if a person has a good attitude. We treat not only with the gadgets, but

listening to a person. I think half the people come to us because something is bothering them psychologically and they just want somebody to listen to them. I've had many who will come in and I ask a simple thing and they burst out crying and they start telling me what the problem is."

"Many times people tell you stories or tell you things about themselves that they never have told anybody else. It's almost as if you close the door, like the Catholic confessional, and they tell you things that are incredible. It's almost the telling of it that's curative, if you haven't done anything. I don't see anything that I do necessarily being different than what other women do. I did many jobs before I went into medicine. I worked in an office and all the women got together. I worked as a lab tech in a hospital. The only thing is that you have more knowledge to distinguish whether or not there is a physical problem or an emotional disturbance. Most of the physical things we see, frankly, if you can't treat it simply, you probably can't treat it very well, and we know that. I think women are more likely to realize that."

"You have to have a profession so you are able to stand on your own feet, so you don't have to be dependent on somebody for economic reasons. Maybe our great-grandmothers and mothers did not have that."

"I do a lot of consulting in a psychiatric unit and the requirement is that all people admitted there have a history and physical, so I do many of them, and I have been surprised at the amount of psychosis and psychotic reactions occasioned by marital and family discord. I find it incredible. Many women functioned relatively well until marriage and then discord brings on a psychotic reaction, brought on by stress, and by the fact that they are physically dependent."

"Also what is very interesting is that when these people begin to get better the family begins to object. Oftentimes what happens is that the woman feels trapped in marriage. And I have to say this because I think it's something that pertains to our discussion. In talking with several of these women the essential trap, the same trap that I experienced, is that marriage is forever. You keep on plugging at a marriage when, in fact, there may not be a basis for that kind of hope. A marriage promise is actually a hope not a promise."

"I guess I don't like what I see going on in society. I can't point to alcohol or drugs. I think that what I see as the major problem is just a real over emphasis on money. It really creates a lot of hardships. You need to have money to buy any kind of respect, medical services, education

for your children, and it's getting worse. I'm a physician, and I work at a job where I make a nice middle class living, but I have to watch what I buy. I realize what it's like for people who don't have my salary. More and more I see services and educational opportunities falling away. It's like there is less and less that is available to people who don't have a whole lot of money. So the pressure that I feel in my own life is, do I continue to do what I find rewarding personally? There's a lot of pressure to jump into that high-pressured, high money-making, high-stress world. A lot of the things that people are killing themselves for or driving themselves crazy for we don't need. We don't need computer games, we don't need computers at all. We don't need a whole lot of this stuff. Yeah, it makes life easier, but at a great cost. When I see Humana Hospital and how much money they are getting to do artificial hearts and this high tech experimental work when my clinic is having a harder and harder time getting money from the state to do basic immunizations for free to families who practically have no food, I just know the values are crazy. I live near Stanford and I'm in family practice basically, so I go to gynecology, pediatrics and internal medicine conferences, if they are relevant to what I'm doing. I went to this conference on Cesarean Sections and the professor at Stanford was saying how at private hospitals now, especially smaller hospitals, the Cesarean Section rate has gone up to 40%. There was a discussion about why this is. It has to do with malpractice. If there is a blip on a fetal monitor, they just section immediately because even if the baby is a disaster if there has been a Cesarean Section done immediately they won't be sued. At the first sign that anything was going wrong, they intervened. If they try to do what is medically indicated or medically best, solely on medical criteria, they are putting themselves at risk."

"Malpractice rates are making it impossible for obstetricians to practice. A number have actually stopped practicing because they can't get insurance. They can't deliver the volume that would enable them to earn even what you call a middle class living."

"Look at what's going on. I am practicing without malpractice insurance because they are not covering community clinics anymore. Most of our people don't even have food. In this climate no lawyer's going to take their case and especially if we don't have insurance. I have hardly any assets and I have more than anybody else at the clinic. We just decided that we were going to stay open and we are small enough. There are a lot of doctors who won't practice in our clinic anymore. I see this insidious and terri-

ble effect of different kinds of money things, whether it be insurance money or just a general lack of taking responsibility. People are running scared. I think it's real sad."

"We all got into medicine because it was noble and respected. But not anymore. I think most physicians got into medicine because they are trying to help. When we tell our children to get into business, it's almost blasphemous because we come from a long line of doctors. It is unfortunate but I think society has brought this on itself maybe due to greed."

"People keep telling me I'm a dying breed. I've worked at an HMO for two years and I worked also at Northwestern and Workers' Compensation. I'm in private practice, after having done those things, primarily because those positions weren't acceptable to me. One was always being penalized for having done one's best. I think there will always be a group of people who will do private practice and will offer an option apart from established guaranteed forms of care. I don't know how it is in your hospital, but independent physicians associations are now forming throughout Illinois, which are groups of physicians who are forming to guarantee that third party payers like insurance companies, HMO's etc., will have to meet certain standards and attain quality care. They will tell government bodies not to interfere with what should be the physician's — the direct physician-patient relationship."

"I think we are beginning to realize that in order for physicians to do their job they have to be in control of the whole system. Once that happens I think there will be more respect for physicians because physicians are going to be doing the job frankly that they surrendered during the 60's and 70's when third party payment became almost gratis. The other thing is that we have to support such efforts and be involved. I've been spending about 15-20 hours a week working on our IPA formation and I think it's something that will definitely be a way in the future where physicians will frankly earn back the respect they lost."

"Many physicians are making large quantities of money and frankly they have not been doing it by offering quality care. Let's be honest. I think we've pushed our fees up so that we've bankrupted Medicare and Medicaid, and we've bankrupted most of the fee-for-service insurance companies. We have done unnecessary procedures, we've looked at technology that offered very little in terms of quality of life, but just offered quantity of life, if even that, I'm not sure about this mechanical heart business. It doesn't seem to offer either. All we've done is push high-

tech to the point of having lost."

"I work in a County Hospital, geriatric chronic disease hospital. We are probably 10 years behind. Our beds are all full. Money is the thing. We have multiple problems. Every patient, maybe 60 years is the youngest patient, has multiple problems. We are going to have more hospitals like our hospital because people are getting older."

"The sadness is that pneumonia was the old man's friend and what's happening is that we are prolonging life that frankly should not be prolonged. In the old days when the individual person came and paid the bill we did not do this. This is really a phenomenon of the 60's and 70's in which there is third party payment. We are prolonging lives and we are saying to families, whatever you want to be done, we are putting the burden on the patient and the patient's family when it was never their burden to begin with. It was clinical judgment. Are we doing more harm than good by treating this pneumonia? If somebody has a brain tumor, you don't treat pneumonia."

"We are all very caring physicians. As I said to my mother I don't want somebody jumping up and down on my chest or my grandmother's chest. DNR* we write, the person has a family. One daughter says DNR, the other one says, don't know, and if they do not resuscitate the hospital is going to. It's terrible."

"In my experience nobody ever gets that whole family together and says, 'To prolong her life would be torture.'"

"It's part of the caring of the person to have these things understood. The ethical basis of our oath is not to cure anybody. We never promised to cure anybody. The only thing we promised was to do no harm, and when treatment itself does more harm than good we are not allowed to do it. It's an equivalent analogy to a court of law. We are not our patient's agent. A lawyer is not his client's agent. He is his client's agent only in that area which is not illegal. If he is asked to do something illegal by his client, he has access to association with the court, to which his primary responsibility lies. He cannot be asked to do anything illegal. A physician can also not ethically do something that causes harm without any chance of good. We are not aware of this, we don't talk about this, we don't say, 'Your parent right now is getting to a point where he is probably going to have cardiopulmonary arrest. He is going to die. Because he is in a hospital one of the things we do is cardiopulmonary resuscitation. This would not be appropriate in your parent's case because it


would just prolong his suffering without offering him anything of good. I, as a physician, cannot allow this to happen. All I'm asking you is to understand this and for us to talk about it, so that you come to the same understanding. Even though legally in the State of Illinois we are supposed to ask for permission, ethically, it has nothing to do with the family, except that they understand thoroughly that prolonging the person's life would be to torture them, which ethically we are not allowed to do. In the old days, we used to have this old ethics course. Somebody comes into your office and says, 'My hand has done harm, so therefore according to the Bible I should have my arm cut off. I would like it to be done on Thursday morning in elective surgery.' We cannot do that, even if that person is mentally well, whatever. We can't do that because we have a claim to a higher source, i.e., Association of Physicians who agree that one cannot do harm."

"What I hear you saying I agree with entirely. But what's happening is that the legal system is not protecting physicians at this point who do that. Back to the C-section thing, the truth is these physicians would basically like to do the right thing. They are going nutty with this kind of anxiety that the system is putting on them. I would like them to stand up and say, 'Okay, we're going to make a stand.' The Association of OB/Gyn's, 'We're going to take a stand, we're going to practice medicine as best we can, and we're going to support one another.' Part of my problem is I find it impossible to deal with those stresses, so in my own way I've avoided them as much as possible."

You have to make a choice. All of us, each one, has to make a choice of what we want to do with our life. What are our priorities? Then if we are happy with that, then we can be at peace. As the years go by our priorities will change. Some days I think what do I want to do most in life. I want to get in bed with a good book and relax."

"I think that physicians are under terrible pressure these days."

"More so women physicians because we have the stress of the superwoman syndrome. We are talking about single women who have a job and they maybe have kids and they think they have to do everything to the best of their ability and have to do it well. The problem is going to remain for a long time."

 "I'm so pleased we have women in medicine and more of a shift in values to thinking about kindness and quality of life rather than technology and competition and making lots of income and what I guess I would think of as more typical male values or

something other than the ones that we've kind of nurtured, trying to be helpful."

"The thing is that you are rewarded in a system for doing procedures. There are a lot of things that the system rewards you for that are irrelevant to good medical practice. I do a history and physical plus a little treatment to use the treatment to see if that's what the problem is or that's not what the problem is. So I've seen the patient several times and have quite a relationship developed with them before I order much in the way of tests, unless a person comes in with an obvious fracture. For a lot of things, if you went to a speed mill doctor, first of all they don't want to get sued, they don't have any time, so they order a bunch of tests. You go to a neurologist and everyone who comes in with headaches, CAT Scan, EMG's, skull films. I don't know if they do skull films anymore, they're out. CAT scan is in."

"I think there are a lot of problems in medicine. I don't have a good handle on what's going on out there in the real world because I live in this eddy where things don't operate that way. But, I think it's that we as a group have a really healthy ethical attitude towards our work, but I'm not sure, if I get sick tomorrow, what's going to happen to me as a patient and what kind of system am I going to be in as a patient. I have a lot of concerns that we're somewhat of a minority and that there are people in the system who share our views, but as you found out working in an HMO, no matter how beautiful your ideals are, if you're an internist, you can't do it, so you say, 'Well this is what I want to do because I don't want to be up all night in private practice. I'm just going to work in the system.' And you do sort of a semi-job with pain in your heart or you just turn it off and become this medical zombie. I have run into those people. They don't think anymore. I have concerns that the forces in society are creating that kind of environment and I'm not sure how much effect people like us have on that."

"I'm just incredibly encouraged by this IPA business and I really think that it's the beginning. The AMA in the 1880's and 1914's and 1935's, they did incredible things and then they sort of blew it. Now I'm ashamed to say I belong to the AMA, but this is the only way I can get my insurance. I went to the first AMA meeting in which they talked about fees and preserving fees and I got sick to my stomach and had to leave. The AMA is too cumbersome, it can't do the job, but I think the IPA is a beginning. I went to an ethics conference two months ago in New Orleans. It was sponsored by the Hastings Center, which is a center for the study of profes-

sional ethics. One of the founding members was the Kennedy family. Also it was sponsored by the AMA, the first ethics conference the AMA has ever sponsored. People just like us in this group were there. There were physicians who had been in practice for years that didn't know what the DRG'S* meant ethically to them, there were people from HMO's who hadn't quite gotten to realize that HMO's were not preventive care and you couldn't do preventive care in an HMO. What it was, was a cheaper form of delivering acute care. It's cheaper and so it's not as gentle as beeper service, but what is publicized as preventive health that people think they're getting, and that you as a physician think you are giving, isn't exactly what the system is setup to deliver. Although I think in the long run preventive care will ultimately be the cheapest form of medicine of all. But there were other people who frankly were in ethics committees in their hospital dealing with the new standard of DNR's, there were obstetricians there who were wondering 'Well my premium is \$50,000. What am I to do?' They were asking financial questions in terms of what ethics are. They were asking personal questions and interpersonal relationship-with-patient questions, and nobody had any answers, but it was incredible to see 500 people asking these things. I think that the AMA is going to sponsor a number of things. It's very interesting but in our hospital, they are talking about forming ethics committees. This is a beginning and we have to support these things even though you may be tired from the clinic, you may be tired from your job too."

"I think in our time in our practice we have seen physicians go from people who were respected to people now who are fair game."

"I think that we are wrong if we don't agree that there have been abuses and problems. Interestingly, what I find incredible is that I'm bearing the brunt of a reputation that I had absolutely nothing to do with. I think Medicare and Medicaid and the third party payers, by just supporting everything really did a great deal of harm. Physicians previously did 10 to 20 percent charity. Now we are in a situation where because the malpractice is so high we can't do charity."



"It sounds like all four of you have been very creative, in a political sphere and in your practice and the kind of life and lifestyle you want to live with practicing medicine, with valuing family and ethics, and being able to put all of that together in different ways that fit for each of you. Sometimes maybe some parts of it not well, and some parts of it conflict with society with all of the problems that we've got. Where you've got people who are self-

destructive, who are out to destroy you as well, in spite of the help that you are giving, seems like an enormous task to try to take it all on. You've done it without models that you can turn to. You've all gone and found your own. I was also thinking that maybe we ought to stop pretty soon and have lunch."

* Illinois Physicians Association

**Diagnostic Reference Group



Catherine A. Busch CSJ

"The women in medical school tended to pair up."



The Women's Medical College of Pennsylvania, Class of 1891

Sheri Bortz

SYMPATHY AND SCIENCE: Women Physicians in American Medicine

Regina Markell Morantz-Sanchez

Oxford: Oxford University Press, 1985

SYMPATHY AND SCIENCE by Regina Markell Morantz-Sanchez is a very readable historical work which should be of interest to a wide range of readers with interests in women's history, the history of medicine, women in medicine, and feminism in general.

The book chronicles the history of American women physicians, with concentration on the era between 1849, when Elizabeth Blackwell became the first woman to receive a formal medical degree in the United States, through the struggle in the nineteenth and early twentieth century for a woman's right to a medical education, to the low point in female participation in the medical profession from 1930 to the 1960's. The scene is set by a brief discussion of the role of women in the healing arts, midwifery, homeopathy, and folk medicine, during the colonial era and concludes with a review of the current dramatic increase in the numbers of women in medicine since the late 1960's.

What makes this book particularly interesting is its focus on the dual aspects of healing — sympathy and science — and uses that dichotomy as a way of looking at the role of women in medicine and, more broadly, at the age old issue of whether the perceived differences between men and women in society are the result of nature or nurture. This issue was as hot an issue among feminists in the nineteenth century as it is now. Are women endowed with a morally superior nature, superior intuition, superior communicative and nurturing abilities that allow them to be a different and perhaps superior type of medical practitioner or will the medical practice of women, given the equivalent education, be the same as that of men? One way Morantz-

Sanchez illustrates this in the book is by comparing the medical careers of Elizabeth Blackwell and Mary Putnam Jacobi.

Elizabeth Blackwell, the first woman to receive a medical degree from a formal medical school in the United States, came to medicine with a religious and spiritual calling. She believed in an holistic approach to medicine. "Women students," she regretted, "were as yet too accustomed to accept the government and instruction of men as final, and it hardly occurs to them to question it. They must be taught that methods and conclusions formed by one-half of the race only, must necessarily require revision as the other half of humanity rises into conscious responsibility." Frustrated by the lack of opportunities for a medical education for women in the male institutions, Elizabeth Blackwell founded the Women's Medical College of the New York Infirmary in 1868.

In contrast, Mary Jacobi's interest in medical work was first and foremost the study of science. After initial training in the United States she pursued advanced medical and scientific training in Paris where she graduated with high honors and a bronze medal for her thesis in 1871. She hailed the separation of medicine from the mystic and demonic influences of the past. She wrote that the duty of the physician was to "take conditions which science has abstracted for the purpose of thought and to recombine them for the purpose of life." In general she felt that moral issues were irrelevant to the practice of medicine. She was a great believer in co-education for women in order that they should be truly the equal of men in medical practice. She refused faculty positions at the women's medical schools, feeling that she would be isolated from the cutting edge of medical advancements and that it would be suicidal for her scientific career. She successfully undertook a career of academic practice in a co-educational institution. Mary Jacobi was aware of the bar-

riers to women but she advocated active struggle within the already established male system, rather than creation of separate institutions which would offer equal education but a focus on special female values and talents.

The life stories of these and other women of the early days of women in medicine are used to illustrate the other themes of the book, a major one being the pros and cons of separate education for women. Is the value of a co-education for women doctors in an almost entirely male run institution, with superior funding and easier access to established leaders in the various medical fields, outweighed by the benefit of excellent role models and moral support in a medical school run for and by woman professionals? We see the evolution over the decades of a series of women's medical colleges from their inception to becoming the major source of medical education for women in the late nineteenth century, until finally the Women's Medical College of Pennsylvania, the last medical college open only to female students, becomes co-educational in 1971.

Another major theme of the book concerns the choices and juggling act that women are faced with in dealing with balancing the roles of professional career — woman, mother, and wife. Mary Putnam Jacobi discusses marriage with a group of female medical students. "The question of marriage.....which complicates everything else in the life of women, cannot fail to complicate their professional life. It does so, whether the marriage exists or does not exist, that is as much [a problem] for unmarried as for married women....." It is also interesting to realize through reading the letters of these nineteenth century women that although in many ways there is more support in the current society for women with professional careers, the underlying feeling of insecurity many women still feel concerning their ability to juggle several important roles was almost the same in the nineteenth century as it is today. Even in these liberated times, most men do not lie awake at night worrying if their career choice will allow them adequate time and energy to nurture children and give emotional support to a wife.

Also discussed is the struggle of women to create opportunities for themselves in a medical environment which was often hostile to them. This involved the struggle to obtain places in medical schools, financing education, finding postgraduate and professional positions. An interesting story is the history of women in the public health field. The public health field was conceived by women physicians and reformers in the nineteenth century. At its inception it was a

field organized almost entirely by women physicians involved in teaching health classes to women, running infirmaries for poor people, active in labor reforms, sanitation, family planning, and so forth to improve the general health status of the community. In the late nineteenth-twenties and thirties, male graduates of the newly created co-educational public health schools took over the administration of the public health institutions. At the same time the female colleges were one by one closing or merging with their male counterparts. Generally the female teaching staff was not hired by the equivalent co-educational institution. With this shift in gender, the interest in public health focused more on bacteriology rather than social reform and education.

Morantz-Sanchez ends her book in a discussion of the recent influx of women into the medical profession. She writes, "One can hope only that at least some of the concerns that they [women] brought to medical practice in the past — an emphasis on humane care and a concern for the profession's responsibility to the community — will occupy center stage in the practice of medicine once again."

Sheri Bortz, M.D., is Medical Director of OUR HEALTH CENTER, a community clinic, located in Palo Alto, California and serving low income people in the midpeninsula area of the San Francisco suburban community. The clinic offers low cost outpatient services and health education to an ethnically mixed, largely medically indigent population. At present, like our predecessor institutions in the old public health field, the clinic has an entirely female staff.

BODY IMAGERY AND GESTALT WORK IN THE REDUCTION OF STRESS, ANXIETY, PAIN AND CONFLICTS.

Carol Hunter

This unique technique is a combination of self-generated sensory imagery and Gestalt dialoguing. The helper operates on the premise that unfinished experiences are stored, not only in portions of the brain, but also in the body. Storage of these experiences will manifest as physiological and psychological symptoms such as hypertension, ulcers, migraines, nervousness, explosiveness, insomnia, narcolepsy, obsessive-compulsive behaviors, phobias, depression and anxiety.

Unlike most cognitive therapies which deal with the helpee's thoughts about and memories of the stored events, the body imagery and gestalt work deal directly with the experience. To further explain the technique, some basic components of experience must be analyzed. Let us say that a given event occurs: a male principal chastises a female teacher in front of some other faculty members or a husband "puts down" his wife. The female experiences the event in many ways. 1) There is a visual picture or tape of the scene. 2) There is an auditory tape of the scene (including what the male says, what the female says, and also what the female thinks but does not say). 3) There is the emotional experience of the scene. 4) There is a belief system or Gestalt from which the female operates within the context of any scene. 5) There is a physiological sensate experience associated with the scene.

A scene such as the one above may be so painful that the female effectively blocks the cognitive memory of the scene. The next day she has a terrible migraine and cannot function at work. She goes to the psychologist because she is upset and has a headache.

The work begins with the migraine. Have the helpee begin by focusing her attention on the migraine and locate it; then have the helpee describe her *experience* of the migraine pain. You ask questions about the size of the pain, the shape, the weight, the color, the texture. These questions are fairly safe and deal with the physical experiences that are stored. The next level will go deeper into the stored experience. Here the helper watches for the clues about what is stored in the migraine and may begin responding with Gestalt questions to the helpee's verbalizations about the experience. Begin by asking about the sound of the headache. If the helpee says that it is making a sound, have her imitate it. Imitating the sound may allow the helpee to experience a deeper level of the migraine, such as hidden crying or anger.

The helper, picking up on this clue, can then ask, "Who is crying?" or "Whom are you angry with?" If the helpee can not go further with the sound or says that there is not a sound, then go on to ask if there are any words or phrases there. If there are, let the helpee voice all of the words or phrases, again asking the Gestalt questions to facilitate the experience.

If there is still no breakthrough, the helper may ask if there are any feelings associated with the migraine. If the helpee expresses any emotions toward the pain, the helper may then guide the helpee into a dialogue with the pain. The helper may also ask if the helpee sees any pictures or images attached to the migraine. At this point, the male's face or scene with the male may appear. Have the helpee move into a dialogue with the male. Help her to say not only the things she said, but also the things she felt and thought but did not say.

The goal of this technique is to facilitate the helpee's completion of the unfinished experience and to help her to own and experience feelings that she had disowned because she believes them bad. When the helpee finishes with the scene, she may find that the headache disappears completely, or she may find that it has moved or changed its size and shape. If this is the case, start the process again. Both helper and helpee may find a deeper, earlier unfinished experience (or experiences) which is (are) associated with the helpee's migraine. For instance, she may have had a very unsatisfactory relationship with a threatening father.

This process may be used with a variety of physical ailments. It may also be used with psychological symptoms that seem to have no physiological components. Once the process is begun, physiological reactions may surface to work on.

Dr. Hunter received her doctoral degree from the University of Southern California. She does therapy in private practice in Newport Beach. This article is based on a workshop she conducted for the American Psychological Association Annual Meeting in Anaheim, California.



THE STRAWBERRY WINDOW CAT

My cat sits in the strawberry window
of summer sunning herself.
She knows the poetry of small, dry things,
like sticks and leaves and grass.
She watches bird's feet on the flowers.

She has a rhythm of her own.
She dances and she walks and sleeps
carrying a kind of cat-angel inside of her.

Marion Schoeberlein



"Young Woman Singing to a Bird"
Joe Ann Marshall Allen

WORKING WOMAN

I open the envelope
and the photographs
spill across my desk:
Earth from space,
Saturn's wings,
Jupiter and Ganymede,
a solar prominence.

I say to Professor X
as I scoop up the cards
to show him,
Would you like to see
something gorgeous?

Professor X says
Your grandson?

Helen Herbstman

STORM

Beethoven walked stonily
through his rooms
creating symphonies
out of the storms
in his heart;
the man who was afraid
of prayer made God listen
to him in the crash
of music.

Marion Schoeberlein

PASSAGE

Hold up the mirror, show me my face;
show me what I have become.

Ah, there are lines I can never erase.

I remember the years of ruffles and lace
that linger forever for some.

Hold up the mirror, show me my face.

I have been earning a sense of place.

I know where my heart comes from,
yet there are lines I will never erase.

Youth is the runner losing the race
age tallies the aggregate sum.

Hold up the mirror, show me my face.

These are hard years to welcome with grace,
marking the beat of the drum.

Ah, there are lines I don't wish to erase.

I am content, there's no need to trace
what memory is eager to plumb.

Hold up the mirror, show me my face.

Ah, there are lines I would never erase.

Joan Ritty

TANG FIGURINE

This dancer, shaped a thousand years ago
in skinsweet gown, her head inclined, one
arm

uplifted, lets the other fall like a flow

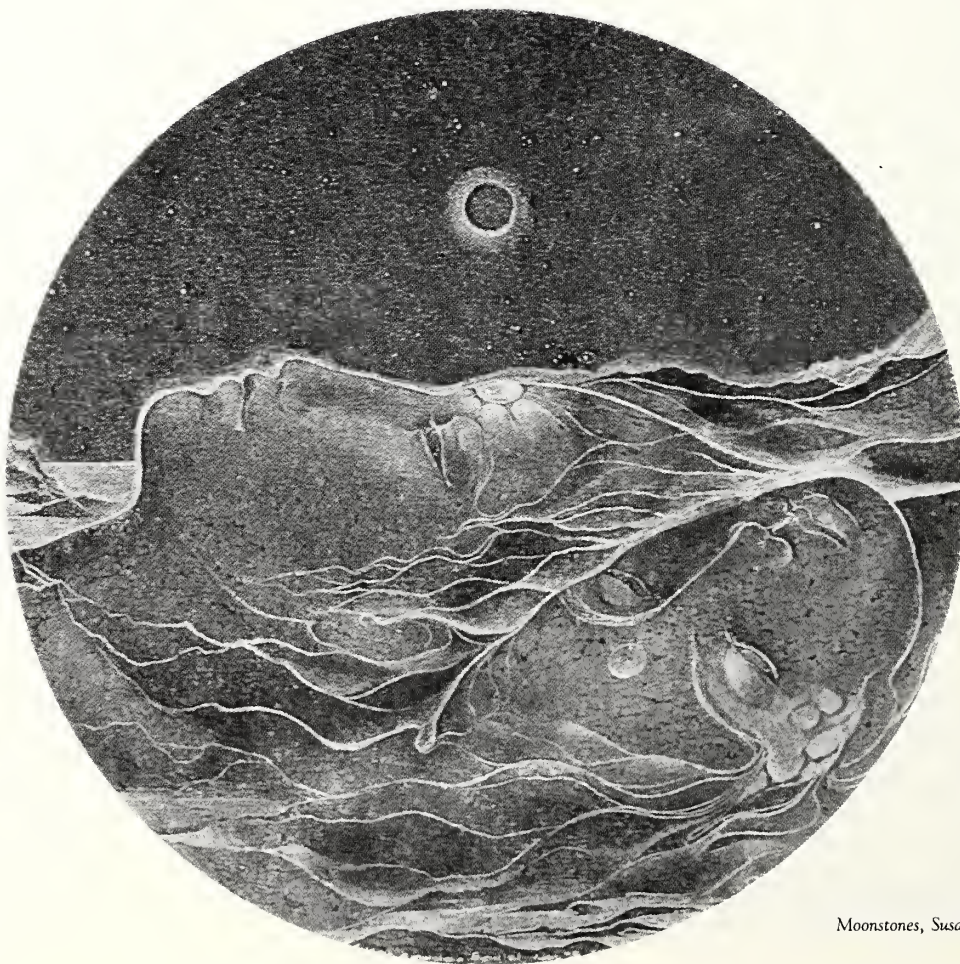
of rippling water; she leans out of her clay
to almost take a forward step,
with absent look her body curves away

feeling for its next gesture, pace

suspended like a lingering flute

on whose notes I travel into self-sustaining
grace.

Rose Rosberg



Moonstones, Susan Boulet, 1976



Greetings!

It is a pleasure to introduce the creative women who share a moment of their lives and their work in this issue. They represent contemporary versions of one of humankind's most ancient roles, "Woman as Healer." It is significant to remember that Wise Women were actively practicing their healing arts long before the history of Western medicine began. Women discovered their powers and healing resources through their close relationship to Earth and the things of Earth. Earth processes and rhythms, sounds and movements....Earth creatures, plants, and forms...Earth as Spirit in Matter: these were the original teachers for men and women alike. The powers and resources of Earth taught and inspired the healer to create and enact healing rituals: dances were composed, chants sung, images were painted on rock walls or used as decoration on body, or to create sacred objects, etc. Today, the woman-who-heals is often found practicing an art which relinks her to these ancient resources.

This issue focuses on Wise Woman/Shaman Woman as Healer. An ancient tradition has evolved into one of the most exciting and fulfilling work roles for woman today. As Shaun McNiff notes, "The mechanical and technical values of contemporary culture tend to be stereotypically more masculine than feminine. Today's renewal of the shamanic consciousness through the psychotherapeutic use of the arts is largely a female phenomenon. With the exception of the discipline of psychodrama, women greatly outnumber men in the practice of the arts in therapy." (McNiff, *Arts*, p. 23-4. The politico-economic reasons for this situation are interesting, and can be found, in part, by analogy and contrast with what happened to other Wise Women throughout history. See *Witches, Midwives and Nurses: A History of Women Healers*, Feminist Press, N.Y. for details.)

In our culture, the Healer is in a curious position. Healing — making sound or whole, restoring to health — is, in some ways, less acceptable to us than availing ourselves of "quick cures" or dependence on another to cure us. While the Healer may be needed, more than ever, to assist us in our personal and social lives, it is the technician who has a corner on the market. Healing devoid of concern for the whole person may be cheaper in the short run; in terms of a whole life, we are just beginning to see the high costs and overlappings of psychosomatic illnesses. It is important, therefore, to understand the dynamics of healing as an active creative process of renewal.

Healing as a process of renewing — Healing is an art and a practice in renewing a healthy balance of relationships within oneself, and/or with others. Sacred (nonordinary) powers are invoked, and vital rituals are enacted, to renew this fragile and dynamic balance of well-being. As process, healing

is expressed through creative acts, e.g., art, dance, chant, drama, sound, etc. (on the more formal level), and touch, herbs, charms, etc. (on the less formal level). As such, the healing process is, and has always been, a sacred journey of renewal of utmost importance for individual and community well-being.

Healing as active experience — Healing actively involves all persons concerned. There are levels of healing and stages in healing; but wounding/healing, like living/dying, are givens in our lives. There must be direct experiences of active participation in the healing process. No one can provide pills or operations to eliminate imbalances in our whole person. From this perspective, the conventions of modern medicine, which view disease as pathological, cure as suppressing symptom, and even death as an illness to be overcome, are strange abstractions, and subtractions (!), from wholly knowing and experiencing our lives.

Healing as creative process — Think about this as you read the experiences of the women in this issue: the old Wise Ones knew that life cannot be repaired: it must be recreated. There are today, in the end, no standard rules and techniques to fit creative moments of healing. These moments are not manipulated into being. Instead, the Healer goes on a journey with her client(s), to create a way to reestablish communication, first, by inner imagery and dialogue, and secondly, by enabling a dialogue that reaches outward beyond the self. This journey involves symbolic expressions or acts along the way, and ends with a transformation of the feelings, attitudes, habits, which precipitated the loss of balance in the first place.

Wise Woman, Woman as Healer: she exists in every woman, every one of us, every day. The Navajo have a version of her that we can embrace on our own journeys. They celebrate *Changing Woman* as the core in the mystery of creation. We can consider this archetype in our own evolution as Women Healers. We have a real challenge to honor her in ourselves, to manifest her in our daily acts. It is no small accomplishment to renew life with/for another. It is no small journey to take the spiral path of healing and emerge at the end with greater awareness and responsiveness of self. It is awesome work and abiding privilege to provide the *experiences* of transformation for others and participate thereby in our own on-going change.

Suzanne Palmer, M.A. A.T.R.
Registered Art Therapist
Guest Editor

Suzanne Palmer, M.A., A.T.R., is an art therapist in Santa Rosa Calif. She teaches at Sonoma State University and has conducted annual symposia there on healing rituals. She writes: "My newest challenge is co-teaching a course at Sonoma State University on "The Psychology of Shamanic Thought." My co-teacher is a Harvard-trained man with the name of Running Bear! I find it quite interesting in psychology these days to see how various pathways are exploring ways to weave together. At least, that is a metaphor for myself: I love weaving things together."



JOURNEYS INTO COLOR

Lillian M. Rhinehart, M.A.,

M.F.C.C., ATR

and Paula Englehorn, M.A., ATR

As women and as art therapists we have been practicing in the specific areas of color and healing and spirituality for seven years, each bringing individual kinds of training and preparation to the work we now share. We have taken leaps of significant individual opportunities that have lead us to this place in time. Lillian's leap began with a significant discovery during a session with a young client. Paula's leap started when she entered the realm of vision through the art process. Our stories weave journeys into color. We would like to share these individual journeys which have led us to the work we now do together.

LILLIAN'S JOURNEY

I am an older woman, approaching 60 years of age. I am beginning now to consciously experience

the fruits of my labor. Several years ago I had the opportunity to take a leap beyond what I knew as a practicing art therapist. Since then, my life as a participant in the dynamics of color and healing has moved dramatically forward. The incident was simple, unexpected, unplanned, the results dramatic. It began during a therapy session with a client, a woman, who was also an art therapist. I was listening to her and intuiting that what she most needed was to work with the art process. With this in mind, I invited her to add random lines to drawing paper with colored pastels as she continued speaking.

I heard her words and observed the lines of the drawing. Quickly they became sharp and jagged. Interrupting, I asked her what was going on. Her response was, "I have a splitting headache." In that moment, I chanced to take a leap. My client was open to follow and I guided her in involvement of color and healing. From the visual image of pain, to its color, to the healing color, chosen by the client and slowly applied to the pain area of the drawing, to the immediate relief of symp-



*Horses of the Rainbow, Limited
Serigraph Lillian Rhinehart,
Paula Englehorn*



tomatology, a very brief time had elapsed, less than ten minutes. In disbelief and gratitude, the client showed her appreciation to that healing part of herself by applying "her" color to the drawing. It happened so quickly. My client was amazed. I was elated! In those few moments, the bridge I had been seeking and know existed had been discovered. Here was a way to work with color and healing in a direct manner that was significant in its effect upon the individual.

I believe in the significance of color on the mind/body/spirit of the individual. I had done much reading and study on the subject of color and had completed enough "significant for me" research to verify the point of my beginning in this mystery of color and healing. Innately I knew that the seed of color was within each individual, that each individual could identify his or her personal color and healing and color and psychological growth could be developed to work in a concrete and viable manner in the field of art therapy and further, in the development of spirituality. My path on this journey of color and healing clarified in that moment of discovery with my client. With much study and research and application, what I have learned of the art of healing, so far, is this:

1. I am a facilitator of healing; that which heals is within each of us. We are vessels for that healing.
2. As vessels for healing, our task is to continually clarify to serve a healing purpose. Personal psychological awareness is required for this work.
3. My task is to create that space necessary to address the healer in each of us and in our clients as well. The healing process then begins to function.
4. Personal preparation including meditation and listening deeply to one's inner voice is continually required in this work.
5. The client need not be a "believer" but must be open to the possibility of being helped in the healing experience that will be evoked.

As a woman, my intuitive knowing, my knowledge and skill as a therapist and teacher and my openness of heart are the greatest gifts I can bring to this arena of life. They are worthy qualities and my continual preparation is to bring them forward. As has been said before by a great teacher, the greatest gift is the open heart, for it is love which invites the healing.

As women we bring together a great archetypal heritage of constancy in nurturing, in sustaining and in renewing. We carry the seeds of great patience which can lead to much healing. In personal and individual ways we have the opportunity to bring balance and healing to a world that is

technologically out of balance. The wisdom of our intuition and the wisdom of our hearts are available to guide us in this endeavor. I have moved a great distance from that unexpected, unplanned incident in color and healing with my client.

In joining with my friend and colleague Paula Englehorn, who comes to the realm of color upon her own historic path, we have joined our backgrounds of individual preparation and life experience to accept through vision and apply what we know as art therapists to develop a way of working with growth and healing through the Rainbow pathways of the Sun Wheel.

PAULA'S JOURNEY

Lillian and I started working together shortly after she had the healing experience with her client. At first I was her student studying Jungian psychology combined with art. Eventually, we started a graduate training program in art therapy. It was an exciting time as we began working with our students in what we now call art process therapy. Lillian's discovery with her client was our starting point from which we worked toward developing an effective and healing way of working with people. We integrated Gestalt therapy into the art experience: working in the now, exaggerating movement on the paper, we could see that the obvious is overlooked and extremely important. From both Jung's work and Perl's work in Gestalt therapy, we used a written or spoken dialogue form with the art experience. The most important element of art process therapy became the belief that within each of us is God and the power to heal ourselves through color and symbols. In these early days of developing art process therapy we experienced the aliveness of color and know that the form of therapy we were developing could help many people touch their own healing capabilities.

As Lillian and I led our students into the reality of living symbols produced from the hand, we led ourselves into the same reality. Through the art process I was beginning to rediscover a lost psychic ability, and more and more I trusted the art experience in combination with a written or spoken dialogue. I didn't realize it at the time, but I was being led into a vast realm of other realities. Eventually the door to my own visionary capabilities was opened through the art process.

At this time I also began to experience a great deer through what I then called the active imagination and written dialogue process of C. G. Jung. The deer is the intuitive personification for the Huichol Indians of Mexico and she became my first guide to the greatest feminine healer, our mother the Earth.

In April of 1979, I drew a spontaneous and recurring image of a great rock. I knew this rock. I knew the shadows that fell upon her sides and I knew I



must find her. In July of that year Lillian and I set out to find the rock. I remain grateful to Lillian for her complete willingness to enter the reality of vision with me. We found the rock in the high desert plains of Arizona. I looked up at her and tears streamed down my face and I was home.

The Navajo say that everything we need to know we can learn from the land. They send their young children out upon the land to listen to the mother and to learn by observation. The rock, whom the Navajo call the Angel of the Garden, has become my teacher. I've listened deeply to the Angel and she has taught me about an Ancient Rainbow Tribe of people who lived their life within the great round and who knew that the hues of the Rainbow were the source of healing. Today the Navajo think of the Rainbow as God upon Earth, and the Ancient Tribe knew that the Rainbow was the very breath of the Great Spirit.

The circle path of life and the reality of the Rainbow are the Angel's greatest teachings. She has taught me that everything, the two leggeds, the four leggeds, the plants, the animals, everything is equal, alive and needed within the great round of the universe. Through her teachings has come the knowledge of a Rainbow Medicine Wheel known as the Sun Wheel. There are four Sun Wheel ceremonies which have come with the teachings. The ceremonies honor the four seasons of the year, and each has a special lesson.

We move further along the intuitive path and the knowledge that much healing comes from this source. Our work in art process therapy finds a home within the Rainbow hues of the Sun Wheel. The collective and personal meanings of the Sun Wheel add richness to art experiences.

The greatest paradox is that our mother the Earth is both healer and deeply wounded. We stand in need of the feminine as the lost fourth of the quaternity, as a source in bringing balance and healing to a world that is dangerously technologically out of balance. The wisdom of our intuition and the love in our hearts are available to guide us in this work. The Earth is the personification of the feminine. She is a great teacher and a great healer. She is our sister, our mother, our grandmother. As women and as individuals we have the unique opportunity to help bring balance and healing to a world that is much in need. The Rainbow Hues and great Medicine Wheels return to the Earth to help focus the feminine healing principle of our mother the Earth.

Today, the healing inherent in the Rainbow and in the Sun Wheel are the cornerstones of our work as professional art therapists.

Lillian Rhinehart, M.A., M.F.C.C., A.T.R., and Paula Engelhorn, M.A., A.T.R., combine more than 30 years experience in public school education, art, psychology, and the practice of art therapy. They integrate concepts of Jungian psychology, Gestalt therapy, and the wisdom of ancient American truths in their healing work with color, and through their creation of Rainbow Clan. Rainbow Clan offers programs and healing ceremonies based on the healing power of color and the sacred circle paths inspired by the Ancient American Rainbow Medicine Wheel. They are deeply committed to Earth healing rituals and practices. They publish articles and have a private practice in Santa Rosa, Calif.



THE INNER WINNER'S CIRCLE

Janet Bray

How does it happen? How does this music we make heal us, help us to love, find the courage to suffer, and the steadiness to persevere?

Corran, a younger woman in our group says "My heart opens up when we sing." Helen says "We become one through the music, we commune with each other." "Love, yes, that's it," says Lucille, "love comes through the music." We come together, and with this energy that moves through us, we are healed. It is a spiritual experience, it is a joyousness, we are alive, we are love.

Harvey is 79 years old, Arthur is 86, Della is 98 years old this year. These people, and many more, live in a convalescent hospital. The program is called "Wellness for Elders," and we meet twice a week to share music and ourselves. The result is an opportunity for communion, for healing. There are about 35 people who regularly attend our group. We have named ourselves "The Inner Winner's Circle," and have chosen the theme song of "Side by Side." Our vow to support ourselves and each other in our living and dying is the bond that holds us together. There are so many stories being shared, years of experiences, of loving, living and growing.

Doris was a schoolteacher for 55 years. She is able to walk by herself, though her knees are a bit shaky. She has a bright mind and shares her insights with the group as if we were all her students as well as her friends.

Arthur was a professional singer, and though he is wheelchair bound, not as strong as he used to be, he still has a wonderfully strong voice. He dearly loves to sing, and we all love to hear him.

Harvey was a storekeeper. He is our spiritual leader. Whenever an occasion arises we can call on him to guide us in a prayer, or to speak his words of wisdom. His contribution to our group is important to us all.

Helen, a younger member of our family, has cerebral palsy. She is unable to write with her physical hands, but her mind is always writing. Her poems are so beautiful that we have put music to two of them and share them as "our songs." Helen cries a lot, mostly from joy. When she cries, we know we have touched home.

Yoshi was a concert pianist. She has had many strokes and is unable to talk or move much of her body. Because she is an accomplished musician, her very presence uplifts us all. She feels our love and respect, smiles a lot and pats her foot to the music.

Harvey remembers a hymn he used to sing. Arthur talks about the church he and Yoshi used to attend and how they sang that hymn. Nana says



Catherine A. Busch, CSJ

she also remembers it. So Harvey starts to hum it and recalls the first line, Della remembers the second line, and we are off and running. We all decide we want to complete it today, so the next 30 minutes are spent slowly reconstructing the lyrics, remembering the right tune, putting guitar accompaniment to it. And now, at last, we think we've got it, and 35 people, most over 80 years on this earth begin to gently, softly and lovingly sing....

OH LORD MY GOD, WHEN I IN AWESOME WONDER
CONSIDER ALL THE WORKS THY HANDS HAVE
MADE.
I SEE THE STARS, I HEAR THE ROLLING THUNDER
THY POWER THROUGHOUT THE UNIVERSE
DISPLAYED.

THEN SINGS MY SOUL, MY SAVIOR GOD TO THEE
HOW GREAT THOU ART, HOW GREAT THOU ART....
This is a moment that none of us will forget. The power of this communion heals our hearts. We open to the sound, to the words, to each other, to the hope and love that exists in each of us and in us as a whole.

Harvey says this moment will be etched in his heart as one of his most precious memories and asks if we can sing "Memories." We sing it with that mixture of sorrow and joy familiar to us all, and Helen cries.

The next day our beloved Yoshi dies of a stroke. When we gather again to sing our songs, we sing them just for her. We honor her passing, and our loss. We are all one I remind everyone and myself. Yoshi is with us now, as before, in spirit and in our music. She taught us that music does not belong to any individual. It comes from the universe and goes out to the universe.

I look around the room at the beauty of so many wise and lovely beings. I can remember a time when all I could see was the suffering and the death in these hospitals. I look into the eyes of intimate friends, and understand the depth of our commitment to each other, and I feel blessed.



No one gets any younger, no one avoids suffering and death, but somehow each moment becomes a precious jewel. The quality of living rings out in the sounds of the voices in the room and for this instant there are no differences, no contrasts or separations between us, only the sound of one voice....a voice of love from the Inner Winner's Circle.

(After I finished writing this article I took it with me to the hospital and I asked my dear friends if they wanted to hear it. They all said yes.

Harvey's grandson and his wife were visiting from far away, and his dear lady friend Lorna was also there.

Everyone was excited and I began to read. After each paragraph they all applauded the person mentioned. The enthusiasm and emotions began to rise.

We re-experienced our feelings of love and loss as we remembered Yoshi's death, and we all sang together "How Great Thou Art" as we reached that part of the story.

My voice broke with emotion as we came to the end of the reading. Helen cried and said "It's beautiful," and the room was full of laughter and tears, Harvey's relatives included. The bond between us was strengthened again as we shared another precious moment in "The Inner Winner's Circle.")

Through classes called "Wellness for Elders," Janet Bray uses sound and music to meet the various needs of the elderly in hospital and convalescent home settings. She has a California State Teacher's Credential in gerontology, music, and physical education. She has been attending seven hospitals per week for the past eight years. Her training in voice, music, yoga, hypnosis, and stress reduction, provide the background for the development of her unique abilities with, and uses of, Tibetan bells, bowls, percussion instruments and guitar, for healing. Janet's unique healing "presence" invites the observer into a calm and uplifting experience in sound and feeling. Whether she is rubbing the bowls or playing the bells from Tibet, or strumming music on her guitar, time/space seem to change: the sounds of her instruments and voice offer an altered state, a healing experience, to those listening. Janet has published a book, *FREEDOM WITH YOGA*, (1973) and resides in Sebastopol, Calif.



THE MAGIC OF JANET BRAY'S TIBETAN BELLS

Sounds and the Transpersonal Experience

Betty B. Bowman

A small still lotus, she sits, waits for us to enter,
find our own space, settle. Four golden brass bowls
of varied size and shape lie on purple cloth before
her.

The room is bare, no chairs or desks to lean upon.
Spring-fresh trees bud outside a windowed wall.
We are quiet, expectant.

She stirs, a flower floating, rooted, ready to un-
fold. We listen to soft clear words of her life, her
losses, her sharing many passages of death. She
sways forward, lifts and cradles with loving hand
one shining bowl. Selects a hammer, strikes:

Crystal
waves vibrations
crash echo

quiver
fly through window pane, fade
to
sky

She rises, barefoot, a heavier bowl still cradled,
glides to each of us in turn. A delicate Pan, she
hovers, brings bell bowl close to my ear. She
strikes:

I rock
in
my mother's womb
swathed
in sea water
I vibrate
as she cries sings laughs
I feel the rushing
of her body
as she dances

Pan returns to glowing bowls and hammers, circles
the room, again, then once again. Reverent, atten-
tive, she presents her gifts of ocean murmurs,
primeval cataclysm, chattering ice, shadow, smoke.

We remain still, waves rising and falling, one with
the tide, eyes closed, inward, entrapped:

Time
forward backward
changing dying
growing whirling
sliding turning
ever then
now
always

Or we watch, sharing small secret smiles of delight
with those no longer strangers.

Pan sits with us then, returns to words of this cen-
tury, this world. The spell is not soon broken. She
speaks of old people ready to die, but not quite
yet, shares songs that make the passing easier:

I'm forever blowing bubbles
Gone are the days when my heart was young and
gay
Always

Songs of love, loss, joy, chords well remembered
that strike our own. She tells us of her work, of
her witness to the dying, of face relieved and
serene. Of her new love, her children, her grand-
child whom the old adore, treasure.

It is noon. We rise reluctantly. Magic lives in these
golden bell bowls and in this woman Pan.

I have been cleansed, hushed. I wait for the bells
to sound once more within me.

Betty Bowman is a writer, who attended the 2nd annual Creative Arts as Therapy symposium at Sonoma State University in March 1985. Participating in Janet Bray's workshop, "Sounds and the Transpersonal Experience," she was inspired to write this tribute to Janet Bray. Betty lives in Nevada City, Calif.





Two women from the Wallflower Order Dance Collective at a discussion after rehearsal. Managua, Nicaragua. Margaret Randall.

DANCE THERAPY AS A HEALING ART

Judith Beers Stanton, A.D.T.R.
Academy of Dance Therapists
Registered

"It's a vicious circle," she says, sitting slumped against the wall. Karen is viewing a drawing she created, a spiral divided into sections that have the words "fat," "unloved," "no family," "no friends," "lonely" written in them. Enclosed in the center "Home Free" is written, the only positive feature reflected in the picture. Her soft voice sounds heavy and sad. Her arms are resting on her bent knees, her hands hanging limply from the wrist. Everything about her reflects her depression, as though a force in the earth is pulling her further and further into a hole from which she cannot escape.

Karen is in a dance therapy session for emotionally disturbed adults in Napa, California. We have just come from an art therapy session in which we drew a "map" of our lives. Karen, who has struggled with depression and suicidal thoughts, found

the process excruciatingly painful and was feeling hopeless and helpless. Although she did not want to attend the dance therapy group, I told her that she had no choice. Reluctantly, she joined us. I now ask her to move some of the different parts of the "map" that she drew. Slowly she hauls herself to her feet. Hands and arms hanging limply, shoulders slouched over, chest caved in, she begins walking in a circle. Finally turning around in place, she pauses.

"I've got to stop that," she states and reverses her direction. She walks to the back of the room and breathes a heavy sigh. Returning to the center of the room she hunkers down and pretends to pet her dog, a source of joy and comfort to her. This is her "sanctuary space," the place in her life where she is "Home Free".

"What else helps you?" I ask.

"Coming to Pathways (the day treatment program), greeting my friends here," she says, walking up to each person and shaking their hands. As she talks her voice becomes more animated, and she laughs. She then returns to the wall and slumps into her former position.



Although she acknowledges being helped, she still feels caught in a vicious circle and unable to break its spell.

As the group leader, I also have made a drawing and will show my dance. Karen offers to hold up my score. In my dance I am slogging through muck, barely able to lift my feet; I am trying to cross a storm-tossed river; I am climbing a mountain. All are symbolic of various private struggles. I throw myself into the dance: flinging myself about the room, falling down, hauling myself back to my feet, only to fall again. Karen, increasingly involved in my dance, exclaims when I fall, anticipates my next move, comments on the terrain I am in or names the one I will enter. When I complete the dance I am exhausted. As I come to join the rest of the group, she puts my picture down and embraces me firmly yet sensitively.

"You've been through a lot, Judith," she says, patting my back. "You're alright!" From that moment her affect is completely changed: her voice is animated, her movements more energetic and lively. Identifying with my problems and vicariously experiencing the freedom and energy I could express, she is able to free herself, for the moment, from her terrible spell.

This incident describes one moment in a specific dance therapy session. Dance therapy has many moments and many forms, but its source is universal. Humans are moving creatures. Our physical interactions with the world around us color our perceptions and understandings. We see, hear, smell, taste, touch. And, we move. Through movement we learn about our world, organize thoughts, and develop concepts. Developmental psychologist Jean Piaget proposes a transformation of movement patterns into thought patterns. Through concrete experiences the child is able to conceive of objects, space, time, causality, and logical relationships. The visual, auditory, tactile, and kinesthetic senses are integrated and become interdependent. The mind does not exist separate and independent from the body; the mind perceives through the body; the body understands through the mind. Both are equally important and both are necessary.

Our society, however, has diminished the importance of the bodily experience. Authentic feeling and emotion struggle for expression. Suppressed emotion can be manifested in the body in a clenched jaw, tight shoulders, rigid back, concave chest, shallow breathing. Emotion and motion are linked. Webster's Dictionary defines emotion as a "psychic and physical reaction subjectively experienced as strong feeling and physiologically involving changes that prepare the body for immediate vigorous action." Our everyday language reflects this connection. We "shoulder our burdens," "keep a stiff upper lip," "walk with our heads in the clouds," or our "chins to the ground." We "look before we leap," "jump for

joy," "follow the straight and narrow," "run around in circles." There are thousands of idiomatic expressions involving almost every part of the body that relate emotion to the body and feelings to action. But the expression of emotion is tempered by social and cultural expectations as well as by personal experiences. Certain gestures, such as a bow or a handshake, may mean one thing in Japan, quite another in France. An individual's movement repertoire is thus comprised of a cultural background, social milieu, personal experience, and idiosyncratic behavior. Dance therapy provides a modality through which individuals can explore the multitude of subtle and complex interactions that constitute non-verbal communication.

To understand these interactions, we must experience our bodies in motion: how to move our body parts, how to circle, bend, stretch, skip, gallop. Sensing what it feels like to do these activities, we learn to notice differences when our moods change; and finally we are able to transform these experiences and the emotional responses into an aesthetic form which gives meaning to the feelings. Allowing the feelings to emerge through the movement and relating those experiences to our cultural, social, and personal world help us to understand more fully our inner dynamics. The aesthetic component involves developing the skill to transform inchoate feelings into structured meaning. We can choreograph dances utilizing the metaphors and symbolism inherent in movement that express the emotional content of a kinesthetic experience.

In primitive societies dance was an integral part of the culture. Ritual dances were performed to celebrate the planting of the seeds, to ensure fertility, to reap the harvest, and to exorcise demons in possessed person. Dance manifested the deepest secrets of religious rites and celebrated life's transitions — puberty, marriage, birth, death. In its religious context, dance was officiated by the shaman, or the medicine man or woman. Trained in the symbolism of the religion and the culture, these people were the facilitators of the divine experience. Shaun McNiff states in his book *The Arts and Psychotherapy*:

The shaman serves as the intermediary between people and "forces" that must be engaged in order to influence the course of community life. Shamanism is a direct and personal relationship with the supernatural dynamic of life.

The shaman generally strives to create a psychologically charged group environment. As the emissary of the group, the shaman is propelled into a condition of altered consciousness that makes dialogue with the 'the spirits' possible. The group projects power to the shaman, which can be measured in relation to the intensity of



their collective spontaneity and enthusiasm. Their chanting, movement, and musical accompaniment takes on hypnotic dimensions as they transmit energy to the protagonist. This emotionally charged atmosphere of the shamanic enactment in turn engages all participants and strengthens their resolve to achieve transcendence and the neutralization of emotional conflict.*

Essentially the dance therapist endeavors to enact a similar involvement without actually going into trance. Sensitive to the group's energies, the dance therapist attempts to allow the emotions to exist and to transform them into an aesthetic expression that can be manifested safely. However, without the support and validation of society, the therapist is working in a spiritual vacuum. Although healing does take place, its effect is less substantial than it might be. Profound change is possible if we can both believe in and capture the inner essence. In order to do that we must allow the movement to emerge from a deeper source than we usually acknowledge. We must overcome personal and cultural resistance to contact this inner source.

Several years ago at a dance therapy conference, a group of experimental musicians improvised and interacted with us as we danced. Having attended sessions all day, some of which excited me and some of which distressed me, and having interacted intensely with people, I felt exhausted, irritable, and fragmented. I knew I would feel better if I danced. Briefly I did so desultorily but felt self-conscious, stiff, and without rhythm. Finally I decided to listen to my body and stop. Knowing that a relaxation exercise would refresh me, I lay on my back in a dark inconspicuous corner. Breathing deeply I consciously relaxed every part of my body. Then I lay quietly waiting for the "inner" movement to emerge rather than performing the "outer" movement just to *do* something. My awareness sank to a deeper level. Slowly my arms and hands began exploring the space around my supine body. As my legs and feet began to move, I gradually stood. Discrete, isolated movements expanded into a slow, sustained dance that curved inward, reached out and encircled my space. The dance felt wonderfully luxurious but it was not my usual dance, which is quick, strong and direct. My dance finished, I realized a rush of focused energy. Again joining the group, I danced for several hours feeling exhilarated and elated, cleansed of all negative feelings and full of joy and life. Working through my resistance had allowed the healing process to do its work. That movement is a powerful modality for healing I do not doubt. To create a sacred space for that profound healing to occur is my ultimate challenge.

As a dance therapist, Judith Stanton, M.A., A.D.T.R., has worked with emotionally disturbed adults at Napa County Mental Health and with adults and children at Napa State Hospital. Currently she is working with Alzheimer's Disease victims and their families through Napa County Human Services. She is a certified massage therapist and incorporates the power of healing touch in her work. Judith resides in Napa, Calif.

*McNiff, Shaun. *The Arts and Psychotherapy*. Springfield, IL: Charles C. Thomas, Publisher, 1981. p.3.



WHO IS A DANCE THERAPIST?

Frieda F. Sherman

Who is a dance therapist? What are the ingredients of her personality? In what ways does she perceive herself and her physical and spiritual world? What occurred, either in external circumstances or philosophical outlook, that led her to use movement as therapy?

Most fundamentally, the dance therapist is someone who relies on body movements for authentic knowledge. One woman I interviewed talked about her childhood perception of her mother — the difference between what her mother said and what she knew to be true from her mother's movements. Another watched people's feet and hands, seeing if the movements they made matched their facial expressions and the words they spoke. Another heard the words that said that she was not to dance because of the family's religious beliefs, but as she watched her parents, she felt that they danced through life.

These early childhood experiences reinforced over and over the belief that what was true could be seen not in the face's polite mask, could be heard not in the usual words, but could be intuited by the feelings that were passed along the watcher's nerves, muscles and tendons. There were times when she tried on movements, much as one tries on Mommy's dress. How would it feel to be inside the other's skin? And then quickly out again, because her own body, ultra-sensitive and empathic, easily slipped into not only the skin but the emotion of another.

That is why it is essential for her to control her own body — what I've called body autonomy. It is the difference between empathy, "the capacity for participating in the feelings or ideas of another," and the loss of boundaries and control.

For those who had early—pre-kindergarten—dance training, as well as for those who took their first professional dance class when they were in their thirties, the discipline and form, the actual physical moving was joyful. The sense of "not doing it right," of "not being good enough," of "not owning one's own body" was painful. Some said they were grateful for the discipline, the knowledge that they could do more than they at first thought they could, of working past a known point of endurance, of knowing that they had a capacity greater than their everyday existence. One of the characteristics common to many dance therapists is their willingness to take risks, and I believe dance training is partly responsible for their willingness to experiment and for their flexibility in life as well as body.

The struggle then began between the teacher's instructions and the student's desire to move in her own way. One woman described it as at first try-

ing to force herself into the movement mold of the instructor's style until she felt as if she was losing her own identity.

Identity is synonymous with the body's movements — not anyone's movements, not anyone's dance — only one's own. Dance therapists are dancers whose movements are as unique as their speech patterns. The innate desire to self-govern one's physical being is in turn offered to patients and clients. Therefore, dance therapists know that they need to be aware of their idiosyncratic movements and refrain from performance or modeling in the therapeutic setting. In addition, dance is the way to express feelings. One dance therapist told me that she was able to express emotions unacceptable to her family only when she danced, "Through dance, I found a way to turn away from the external world into the true, inner world of my feelings."

The need for body autonomy carries over into relationships with parents and teachers, husbands, lovers, friends.

Power is an inherent quality in body autonomy. To be strong enough to be who one wants to be, and to actualize the desired self, require power. In the comings and goings of their lives, the willingness to exert authority also comes and goes. Is a display of forceful energy acceptable to a woman? Many dance therapists have been told that they are "too sensitive for their own good." They are sensitive and intuitive. There's the bind. If one is easily affected by other people's reactions, especially people with whom one has a special relationship, can there be a concomitant willingness to be powerful? Will it be understood that the need arises out of oneself? Can one be at the same time powerful and in a mutually dependent relationship? When one leans, is it to hold up or to be held?

There is a continual interplay between subordination and independence. Two of the dance therapists I interviewed were divorced after they attempted to change a marital relationship to include more of a sense of their own power and ensuing autonomy. It is difficult to find a mutually acceptable balance, and a dance therapist, by definition, is in the business of balancing parts of her life.

Creativity is another essential element and equally difficult to maintain. One dance therapist said that once she became an administrator, her relationship to her patients changed. She could no longer be both the dance therapist and the person in charge. I'm sure many of you feel that the pendulum is continually and critically swinging between routine work and innovation, between form-filling and germinating new ideas, between dancing and dance therapy and therapy.

Another aspect of this creative difficulty is the time spent caretaking — the cooking, cleaning,



child-caring roles. The demands to be more than a professional person are often willingly accepted; the demand to be less, which sometimes happens, is not so willingly accepted.

What characteristics should a woman have who is involved in this juggling act? Miriam Puder, for her dissertation, "Dance Therapy for the Emotionally Disturbed and/or Neurologically Impaired Child," spoke to or corresponded with approximately fourteen dance therapists. I pulled from the text a list of qualities that these women believed to be important characteristics of dance therapists:

1. They have to understand, use and be sure of their dance background.
2. They must have self-knowledge through personal therapy.
3. Be sensitive, patient, joyful, and love people.
4. Be imaginative, open, and have a good voice quality.
(Marian Chace talks about that, too.)
5. Be flexible and open—have the ability to change.
6. Be willing to take chances, to experiment, to risk.
7. Have sincerity, spontaneity and patience.
8. Be intuitive.
9. Be aware of one's own movement repertoire.
10. Have empathy and objectivity.
11. Have commitment and the ability to listen.
12. Be open-minded and receptive.
13. Have tolerance, flexibility and acceptance.
14. Give up their ego.

A feminist lawyer who read this list asked, "Are dance therapists expected to be human?" We certainly do demand a lot of ourselves and each other.

Claire Schmais and Elissa White wrote a synopsis of the Hunter College Dance Therapy Masters Program, when it was two years old. The result of the CPI (California Psychological Inventory) Profiles were that the first group of students were insightful, self-confident, idealistic and rebellious. The second group were spontaneous, informed, outgoing and expressive, immature and self-centered.

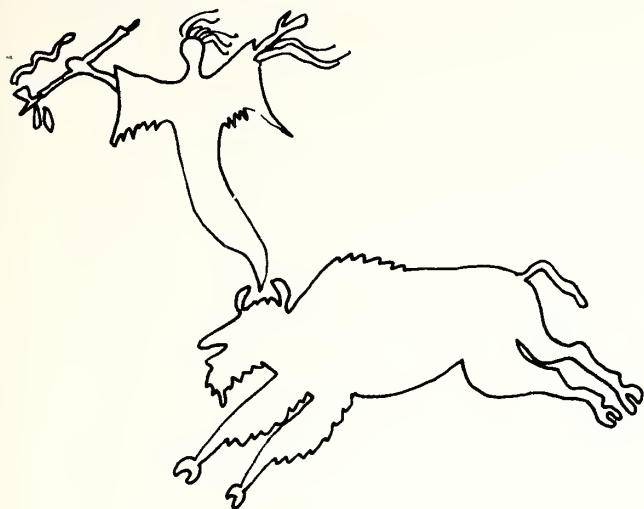
Who is a dance therapist? Out of my research, I'd say she is a dancer who uses movement as relationship, power, myth, individuality, discovery, commitment, symbolic communication, the answer to life's questions, and the connection between the mind and the body. Dance expresses the feelings inside of herself and towards others. She is able to

see body movement in these ways because it is a reflection of the characteristics of her personality and philosophy, and often of her own strong spiritual beliefs.

She always knew that there had to be a way to combine her love of moving with her desire to help people. The overall, pervasive belief in the validity of her own experience with movement was the force behind her emergence as a dance therapist. Some dance therapists who began as teachers realized that what they were doing was no longer teaching dance. Classes had evolved into something else. They weren't sure it was therapy—some being very loath to name it therapy—but it certainly wasn't the modern dance class of old. Some took their dance training and consciously constructed a form of communication called therapy. Others studied psychology in college and because they had also danced, sometimes professionally, evolved a way of using dance with patients. Some had been working as dance therapists for years before they knew there were other people doing what they were doing. They described at one and the same time a sense of comradeship and of disappointment at not being the first or only one to be using dance in this way. Some heard about, read about dance therapy, and tracked down a person to train with and/or a school to attend. This will increasingly become the path of the future dance therapist.

Will the fact that dance therapy is an established profession change who becomes a dance therapist? Schools will undoubtedly change the profession. However, there will always be people who have not heard of dance therapy and who will discover it anew, unaware that they are not the first. Continually reinventing the wheel isn't practical or efficient; however, it does bring out those who are willing to experiment, to be different, to rebel. It will be a while before we discover all of the possibilities inherent in dance therapy. And if the field continues to attract intuitive, rebellious, spontaneous, patient, empathic, flexible, joyful people, then we haven't seen anything yet.

Frieda F. Sherman is a founding member and present president of "The Workshop Unlimited, Inc.," a non-profit corporation dedicated to education in creativity. She has been involved in dance therapy for twenty years, formerly in two psychiatric units of private hospitals and a halfway house and currently in private practice in Palo Alto, California.



SHAMANISM: A SPIRITUAL DISCIPLINE FOR PERSONAL AND COMMUNITY EMPOWERMENT.

Lyn Taylor

Shamanism is a non-Western religious practice based upon the belief that the spirit world is a parallel reality which influences and intercedes in human affairs via special people initiated as Shamans. A Shaman is a man or woman who walks between ordinary and non-ordinary reality with a specific mission to acquire knowledge and power to help others in the community. To do this, the Shaman takes journeys into non-ordinary reality. This is usually facilitated by the use of sonic drumming, chants or drugs. On these journeys, she connects with her personal power support system: allies, power animals, power spots, items for a medicine bundle, and songs and dances. Traditionally, most Shamans have been men. Women Shamans have been as powerful even though they were fewer in number and began to serve after the age of child-bearing.

I am a psychotherapist and a practicing shaman in Berkeley, California. I trained with Michael Harner, Ph.D., who is a Shaman and a professor of anthropology in New York. During the past five years, I have worked with individual clients, conducted group workshops and founded the Empowering Circle. In my practice, I use shamanic techniques to help clients move constructively through stressful life transitions. They are able to gain a clear vision of the next phase of their lifepath and increased strength and vitality to move forward.

In the empowering circle, six Shamans worked together to facilitate personal empowerment with clients. Presenting issues included personal creativity, spiritual purpose, relationships and physical

disease. The circle was a unique opportunity to experience how information from the spirits could channel spontaneously through several healers and result in a holistic diagnosis and treatment.

Since shamanism inherently arises out of one's own culture, the current challenge is to develop modern, urban 20th century shamanism. This is no longer only the task of special initiates. Large numbers of people are being trained in shamanic techniques and finding applications in their daily lives. Examples of modern-day Shamans are Michael Harner, Lynn Andrews, Carlos Castaneda, Brooke Medicine Eagle and O Shin-nah.

The 1980s are a time of rapid change and transformation. New visions, myths and rituals are necessary to adapt to the transition. Individuals and groups must develop ways to gain personal power and act upon a strong sense of commitment to make new visions reality. Books such as the Castaneda series, *Medicine Woman* and *Clan of the Cave Bear* are re-awakening an interest in shamanism and providing us with a link to ancient lost traditions. This is especially necessary in Europe and the United States where these traditions have been actively suppressed. It is now time to reclaim them so they can serve as a foundation for a new shamanism.

Shamanism is grounded to the Earth and teaches us how to reconnect with life cycles and live in harmony within ourselves, with others and with the Earth. It involves the body, as well as the mind and spirit, so that spiritual wisdom is fully integrated and acted upon. Personal empowerment is gained so individuals can better take their places in the ordinary life of the community. When that person makes a commitment to a vision, she receives support from other members of the "tribe." When the vision is fulfilled, it will benefit the community as a whole.

My personal and professional path is to practice the tradition of priest woman. There is a lot written about medicine women and warrior women, but less about priest women. She is the female counterpart of Creb in *Clan of the Cave Bear*. She is a woman of equal status to the chief, yet she serves a different function in the tribe. He is in charge of maintaining order and providing for the physical survival of the tribe. She serves as a caretaker of the sacred traditions and preserves the spiritual life of the community by keeping alive the old visions, stories, songs, dances, and rituals. She catalyzes and encourages the creation of new visions and traditions. She keeps the group in spiritual harmony with each other and with the spirits of the Earth.

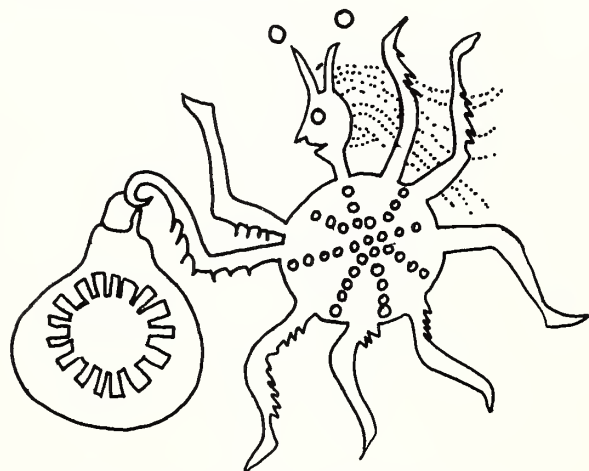
It is my challenge to serve in this way in modern 20th century society. This manifests in my work primarily in four ways. One way is to assist people to access, and sometimes rebuild, a personal power



spot in non-ordinary reality. In today's stressful world, we all need a place to feel safe, regenerate, gain knowledge and create, especially during a life transition. A personal power spot serves this purpose. One client was dis-spirited and lacked energy. By using a sonic drumming tape, he made a journey and found his power spot. He discovered that it had been attacked and desecrated. As a child, he had fled Cuba when Castro came to power. Through a series of journeys, he rebuilt a sacred structure on the spot and gained a renewed sense of strength, vitality and commitment to use the ancient wisdom of his culture.

Another client has used the journey method to connect with her heritage and source of creativity. She now composes and sings songs to bring ancient information from the muse into the world in a modern translated form. In groups, the spirit dance is a way to channel old and new songs and dances.

Shamanism can provide a structure to create modern rituals for rites of passage such as conception/birth, marriage, mid-life and death. Many old traditions in our culture need to be updated, enlivened and personalized. New rituals need to be discovered. Conjoint journeys with couples have helped them to strengthen their marriage through commitment to a joint vision. Journeys to the land of the dead have supported other clients through the grieving process.



A vision quest can be undertaken by an individual, partnership, or group to gain a new perspective, clear sense of purpose and commitment to action. It is usually done at the beginning of a new cycle or during a time of transition. Sometimes the quest literally requires travel to another part of the world. Several clients have travelled to Peru, Europe, Thailand and Mexico. Civic, political and corporate visionary leaders are beginning to acknowledge the need for such quests in order to be more attuned to a larger planetary purpose. A new field of study called organizational transformation is developing ways to teach managers how to facilitate transformation within their organizations.

Two years ago, I undertook a personal vision quest to Arizona and Switzerland. Atop an alpine peak, I received a new vision and walked down the mountain with a strong commitment to serve as a priest woman in modern-day America. This has been a difficult personal and professional challenge. Since then, I have continued to use shamanic methods to connect with old and new knowledge, to build a support system of allies, and to gain strength and courage to act upon my commitment in the real world. My central purpose is to keep alive the sacred cultural traditions and to create new visions. It is also to promote attunement and harmony within individuals, between couples, in small groups, in organizations, and among people from different cultures. I serve as a catalyst and model to others. I inspire and encourage them to be clear about their vision, walk along their unique lifepath, and make their contribution to the world.

Lyn Taylor is on the forefront of the integration of traditional and contemporary psychological practices. She is an exemplar of the movements within transpersonal psychology to reestablish and reaffirm human values, potentials, and experiences within the realm of the universal. Using drama, sound, imagery, Lyn draws from cross-cultural transpersonal human experiences. She emphasizes the shamanic journey as a healing process, and healing woman as keeper and teacher of community/cultural values. Lyn Taylor has a L.C.S.W. and practices in Berkeley, Calif.



CRYSTAL EARTH HEALING

Rowena Pattee, M.F.A., Ph.D.

"Crystal Earth Healing" is a method that "tunes in" to the fields of subtle energy from the crystal earth grid. It came as an inspiration in my consciousness when conducting "Shamanic Art and Ritual Healing" workshops, while sending healing energy to people and in my meditations. This is an on-going process.

The crystal earth grid is that matrix of crystals naturally growing in the earth and its changing patterns as more and more people "tune in" to ways of planting crystals in the earth. "Subtle energy" can be directly experienced by a fine tuning of consciousness and is what the Chinese Taoists call Ch'i, the Sufis Baraka, the Hindus Prana.

In the way that I work, there are four factors which enter into "crystal earth healing": 1. direct clairvoyant vision of people's energy fields, amplified by the use of crystals, 2. use of shamanic drumming and awareness of specific orientations on the drum where subtle energy fields of gems, their colors and qualities are cognizable, 3. sensitivity to the layers of the crystal grid structures of the earth, 4. the alignment of each of these by a fine tuning of consciousness, which is what I call the "intelligence of the heart."

As of yet I do not have extensive experience of this method of healing, but am attentive to the increasing signs of its operation. Such signs appear in intentional shamanic healing (circles or individually) or spontaneously, without intention.

In shamanic healing circles people report that their ability to open fearlessly to experiences previously feared is increased. This may appear as super sensitive visions, moving sensations in specific afflicted areas of the body, sudden insights about "problems," hearing of voices or inner directives, spontaneous crying and/or laughing, rhythmic swaying movements of the body, and rhythmic sounds which become chants. In my interpretation, these are all effects of a released flow of previously blocked subtle energy. After the release of energy a person needs to integrate their new vantage and feeling into ordinary daily life. In shamanic work this is done through relationships to people, nature and spirit.

CASE OF CIRCLES:

In shamanic all day circles I ask whoever wishes to sit, individually, in the center of twelve crystals. The others sitting in the circle are asked to report anything they see, hear or intuit around the person in the center. In these cases, there is 85 percent correspondence of reports. Each person's energy field is experienced as different, in color and form and people are often astonished to find they can "see" in this way.

In one of our circles a person came in great distress and would not speak to anyone. Nevertheless she came. She was losing her job, was out of money and people she loved were no longer speaking to her. The only thing she said at first was that she was at a "tilt." In the shamanic circle she moved into the center. People around her in the circle sang songs and sent her loving energy. At one point everyone began swaying their bodies and as she swayed hers, floods of tears and insights about her life came. This was not a "cure" for her problems, but an experience which could lead to it if she worked on it.

In one shamanic all day circle I drummed for three "journeys" throughout the day. The rest of the time was spent in movement and voice exercise. Before the last "journey" almost everyone was resistant to another "journey." Resistance I find manifests in two ways: 1. sleepiness and torpor or 2. distraction, including wandering thoughts. Both types were manifesting with this group. I find that resistance manifests just when one approaches a "break-through" in the healing process. This is a very crucial time to proceed despite complaints. In the third "journey" 75 percent of the group experienced renewed energy and profound insight about their lives. The other 25 percent experienced unusual coughing, quickening sensations in the body, tears. These I interpret as signs of emerging "blockage" of subtle energy.

While teaching a twelve week shamanic class a similar thing occurred. In this case there was a much longer build up however as we had eight weeks of two-hour sessions previous to the all day session. There was so much resistance to this day that a few did not even come, but for those who did, the day moved into a breakthrough of experiences previously feared. There were also several cases of common visions during certain "journeys."

CASES OF INDIVIDUALS:

Sometimes people come with a specific pain. In one case it was a chronic pain in the neck and continuous headaches. When I first saw this person I said "The universe needs you to sing your song and not to pretend to be someone else." She brightened and said she was inwardly impelled to sing but since she couldn't make a living at it, did not. I suggested that denying the truth of herself causes her the pain.

When I drummed for her I suggested that she be thankful for the pain, for it indicates a strong life-force. My suggestion was that if she would *wholeheartedly receive her pain and regard it as light, it would be a great blessing*. Visualizing the pain as light she started at the head and neck and moved it down, experiencing light pervading all parts of her body and down through her feet. After this session for a considerable time she could not speak. Then she reported that the pain was gone and she felt energy all over her body.



Sometimes healing is effected by sending energy at a distance. The clearest case for me arose simply out of love for someone who was suffering. It was not consciously an effort at healing. This woman had arthritis in both knees and was suffering so severely that she contemplated an operation and constantly used cortisone. She lived a thousand miles away from me, but one day, feeling her pain, I had a visionary experience of seeing into her body. As a result, because I felt strongly about it, I wrote to her to take up some regular exercise like swimming, to change her diet and to change her attitudes about certain emotional situations. She did what I suggested and within a few months had lost thirty pounds (she was overweight), had no more pain in her knees at all, needed no drugs and, according to her optometrist, her eyesight was vastly improved. This was an unexpected bonus!

Another case was a student who had a sore throat for six months. In a ten minute session I had him lie down using a clear quartz crystal near his throat, asked him to visualize blue color with each in-breath and to out-breathe light. The sore throat was gone and he tells me it never chronically returned.

One case was a woman with a migraine headache. There was a place in her spine in the cervical vertebrae that I could see was blocked. With her back to me I simply placed one hand on the base of her spine and the other on the cervical vertebrae and we began rhythmically swaying and humming wonderful sounds together. After about twenty minutes her migraine was gone.

SPONTANEOUS REPORTS:

Sometimes people who work with me or with whom a bond of trust is established, report unexpected visions and ecstatic energy at specific times. When they tell me the time I realize that it is almost always exactly at times when I have left my concentrated practices and gone for a walk or work in the garden. I also notice that hawks circle overhead at such times: whereas small birds, like hummingbirds, hover in front of my window when subtle energy is being gathered (even though there are no flowers around!)

My interpretation is that the in-gathering of subtle energy is the opposite phase from its release. Meditation, even writing and drawing *gathers* energy. Walks and more outward directed activities *release* energy. When I am in the out-breath phase people connected with me are seemingly affected. They receive when I release. There is no energy drain in this at all. I find that my own health depends upon the balance of the in-gathering and out-breathing of subtle energy.

Only in the past couple of years have I become aware that this is shamanic work. I have been interested in shamanism since the sixties, but did

not feel directly and clearly "called" until the fall of 1984. I have had no desire to become a healer and it is my view that it is by a clear openness to truth that one is healed. By facilitating environments and situations whereby openness to truth is increased, the kind of healing that results is an integral part of a way of life.

Through work with crystals and gems I have become aware of the crystal grid in the earth and how specific visual, rhythmic and auditory patterns (art, dance, music, poetry) induce specific states of consciousness. Shamans are the predecessors to all the arts for the arts spring from deep visionary inspiration.

The use of gems in healing is an ancient one but the power of the subtle energy fields emanating from gems came to me spontaneously while drumming. I simply "tune in" and receive subtle energy and then I know where and how hard to strike the drum and can see the colors and forms of their energy fields. It comes through consciousness. The crystal earth grid and people's consciousness are directly connected through the use of sound, color, and gems by a fine tuning process.

I use both physical and subtle gems, sounds, colors in "crystal earth healing." I make no claims to being a healer, but am simply following my visions. My background is in art and film work as well as cross-cultural myths, symbols and religions. I feel that the healing of people and the healing of the earth are occurring simultaneously. Let us be more aware of it and enjoy the process. Let us know that the "Great Spirit" is doing it.

Rowena Pattee, M.F.A., Ph.D. is a remarkable model for contemporary healing women. A prolific artist, she has exhibited paintings, drawings, prints on the West Coast and in Britain, and has taught at several universities. In 1976-77 she designed and built with her own hands the Cave-of-Dawning, in Santa Barbara, from the ruins of the Avery Brundage Estate. There she completed nine major mosaic murals, one of them more than 90 feet long. Rowena has written three books, published numerous articles, and created several outstanding 16mm color films, e.g. "Tree of Life," "Song to Thee: Divine Androgyne," and "Passages." Rowena currently teaches through the California School for Integral Studies, San Francisco, where she is the first person to hold the chair of the Rudolph Schaefer Chair of Art and Creativity Studies. Rowena directs Golden Point Productions in Point Reyes Station, Calif.



HEALER WITH SOUND, BREATH AND QUARTZ CRYSTALS

Uma Sita Silbey

Everything is in its essence vibration, whether we speak of physical bodies or other objects, thought, sound, emotion, or the environment around us. Not only is everything at its core vibration, but everything vibrates with its own particular quality. It is possible to both develop a sense of and a physical feeling of this vibration. When you can sense vibration and develop a knowledge of it, you can manipulate it to make changes physically. This is essentially what I do. I use quartz crystals and other stones, breath, sound, visualization, yoga and other techniques to change the essential vibration of bodies, thoughts, emotions and the environment for different types of healing, energizing, re-balancing and harmonizing. Rather than being at the mercy of wildly scattered emotions, mental tension and confusion, low or fluctuating body energy, the people I work with become more calm and relaxed, even while in the midst of a busy life. They learn to hear and rely on the intuitive, inner voice of wisdom within, irrespective of or in addition to outside influences or even their own mind and emotions. This often results in physically healing their body as well as the creation of an inner peace and happiness that does not have to rely on the particular circumstances of their life. Not only do I do this healing work with people, but I teach them to do it for themselves and for others.

This work is quite simply done by altering certain vibrational states within the body. When these vibrational patterns are changed either permanently or temporarily, certain centers or lines of subtle energy that flow through the body are unblocked or rerouted so that they can do their work properly. This is felt as having more life-force or energy and less tension, aches and pains and other symptoms. Very basically, the lines of energy to which I refer are, among others, the kundalini energy that roughly flows up and down the region of the spine, the line of energy that circles through us in various patterns between the earth and the sky, and the system of chakra points or centers of energy in the soles of the feet, the palms of the hands, and the seven points running from the base of the spine, genital area, naval point, heart, throat, middle of forehead and the top of the head.

I have always been aware of an inner intuitive sense that seemed to reliably guide me as well as a sense of a more subtle "feeling" of objects beyond the way they looked, sounded or otherwise appeared. With years of study of kundalini yoga and meditation, this ability to feel the subtle qualities of objects and bodies increased. Besides being a mystically and philosophically oriented person, I had spent years being a jeweler, working with

stones and metals. Through the years of being a jeweler I began to notice the correlation between the way a stone or metal felt, the color or appearance of it and the way people felt when wearing it or otherwise being in contact with it. In other words, certain metals and stones made people feel certain ways. For example, the blood-red ruby seemed to make people feel warm and expansive, almost as if it affected their heart. Cool green stones seemed to have the ability to cool people who had too much "fire" in them, i.e. either with fevers and infections, strong tempers, or overstressed bodies. Sometimes gold seemed to strengthen a person, and sometimes silver. With the ability to sense the subtleties of what was going on with a person, I began to recommend what stones and metals that person should wear. Since I had also spent years being a musician as well as an artist and jeweler, I noticed that each sound or combinations of sound affected people in certain ways. I learned to apply the sound to specifically make changes in people whether it was to calm, strengthen or heal. I then began to study myself. How was I able to sense subtle energy flows within a person? How was I able to sense how a person was feeling and the state of their mind? How was I able to sense and feel vibration and know how to manipulate it? Most importantly, how was I to communicate to others how to develop these abilities in themselves once I discovered the mechanism that seemed to be natural to me? As I answered these questions for myself I began to be able to teach others how to do it with the use of certain methods and techniques.

How can a particular vibrational rate or pattern be changed? It can be changed by introducing another more highly charged rate or pattern of vibration into the field initially created by that first vibrational set. This second vibrational pattern is fueled by focused, clear intention and propelled and directed by the use of the will. The more the mind can be clear and free of distractions as the intention is concentrated, the more focus there will be. The stronger the intention, the nervous system, the life-force and the over-all body health, the stronger the will. The strength of the focus and will determines the force and intensity of the second vibrational pattern that is created. This second vibrational pattern can be further intensified with sound, breath or quartz crystals, all of which tend to amplify vibration. When this more highly charged and amplified vibrational pattern is put into conjunction with the original vibrational set, it tends to pull the first set of vibrations up to its own level, overpowering and transmuting the original. What is left is the vibrational pattern that is intended. Because everything is in its essence vibration, when the vibrational pattern is changed there tends to be corresponding change on a physical level.

This all sounds rather complicated, so rather than



increase the sense of complexity by detailing different types of energy systems, subtle vibrational patterns, and techniques to create and manipulate vibration, I will give to you one technique using quartz crystals, visualization, breath and sound. This technique can be used to personally experience the power of these aforementioned tools to create a particular vibrational pattern within you and around you that will rid you of mental, emotional and physical tension. Instead, you will feel restful, peaceful and centered within yourself. You will be able to have your mind quiet enough to hear the inner, intuitive voice within, and so can have access to its wisdom. The more you can focus your attention, the more powerful this technique will be for you. You might do it several times before you experience its full potential. As you experience the harmonious state it creates, heal, relax and be happy.

THE TECHNIQUE....

1. Sit outside on the ground. If this is not possible, sit inside where you will not be interrupted. Light a candle that will burn at least one-half hour. Have with you a natural, clear quartz crystal at least two inches by one inch in size. Sit upright either on the ground, the floor, or in a chair in a relaxed, comfortable manner. Keep your spine straight, close your eyes and relax.
2. Now, while still sitting with your eyes closed, begin to breathe with long, slow, even, deep breaths. Inhale slowly and completely through the nose until the lungs are filled. Then release the breath through the nose, with a long, even breath until the lungs are completely emptied. Do not gasp for air or strain yourself. Keep your attention on the breath and do this for about three minutes to eleven minutes. Inhale, hold for a moment and relax.
3. Now, open your eyes and pick up your quartz crystal. Gaze into the crystal in a relaxed, focused manner for a few moments. Keep your attention focused on the crystal.
4. Next, as you hold your quartz crystal recall a particular problem that you have. While focusing on the problem, take a deep breath and release it, seeming to "blow" the problem from you into the crystal. Focus on another problem and also "blow" it into the crystal as you exhale. Keep doing this until you can think of no more problems.
5. Next, think of a particular problem that you have with your body; any illness, ache, pain etc. While you retain the problem in your mind, inhale deeply and exhale, "blowing" the problem into the crystal as you did before. Continue until all problems in your body have been "blown" one by one into the crystal.
6. Next, notice if you have any emotions that you would like to be rid of. Pick one such emotion and while focusing on it, inhale and exhale, "blowing" the emotion from you into the crystal. Continue to do this with each unwanted emotion until have have "blown" them all into the crystal.
7. Next, notice if you have any thoughts that you do not want to have. Take each thought and repeat the blowing process into the crystal. Finally, "blow" anything else that you might have missed that you do not want in you into the crystal.
8. Next, as you continue to focus on the crystal, put it in the earth, point down. If you are inside, point it down through the floor into the earth. Imagine everything that you have put into the crystal flowing into the earth where it is "swallowed" and transmuted. When the crystal intuitively seems "empty" take a deep breath and sharply exhale through your mouth toward the earth as if clearing the last bit from the crystal.
9. Pick up your quartz crystal and wave it through the flame and smoke of your candle that you lit earlier until it intuitively seems to be totally clear.
10. Next, hold the crystal next to your heart center, which is in the middle of your chest between your breasts. Close your eyes and begin to breathe with long, deep breaths through your nose as before. Every time that you inhale, imagine a soft, pink light emanating from the crystal to slowly fill your body and seep outward through your skin to surround you with an egg-shaped orb of pink light.
11. When you have imagined yourself surrounded with pink light, begin to sing the sound "AH" as if it is coming out from your heart center. Keep your eyes closed. You might feel that center begin to have a slight buzzing or tickling sensation. If you don't, imagine that the sound "AH" creates this sensation. Continue this for at least three minutes or for as long as you like.
12. When you feel like stopping, do so and sit quietly for a few moments, enjoying how you feel.
13. Because quartz crystal can store as well as transmit and receive vibrations, when you finish clear the crystal by burying it in the earth or keeping it in salt water for at least 24 hours.

Do this process as often as you like. You might experience something different each time that you do it. Most importantly, however, enjoy the benefits



and be happy!

Uma Sita Sibley is a teacher, healer, writer, musician and artist. She designs quartz crystal jewelry which sell internationally, along with her three recordings, "Wakan Tanka," "The Crystal Path" and "Helios" (recorded with husband, Ramana Das). Her writings have most recently been published in YOGA JOURNAL, MAGICAL BLEND, the JOURNAL OF WHOLISTIC HEALTH, and CIRCLE Magazine. Her upcoming book, THE CRYSTAL PATH, will be published in Summer, 1986. Uma resides in San Francisco, Calif.



Susan Boulet

THE HEALING TOUCH OF MAGICAL WOMEN

Gail Montgomery

What is this magical healing ability with which some women seem to be born? They are able to heal themselves and others with a mere touch! I've read about these extraordinary people who have this kind of power. I've even met some of these healers and had successful healings from them, and have gone to lectures by them. They are the "Healers," and then there are those of us who have enough understanding to accept that such a thing is real and enough desire to long for just such an ability and yet have not a bit of the "magic".

I am told over and over again that I also have those abilities if I'll just develop them. Is this true? Or are these blessed Healers just playing humble when they tell us that what they do is not unusual? I struggle for every bit of power I am able to obtain. For me it must be an act of the will, an act of consciousness, and an act of focus to manifest even the tiniest healing.

I think the ability to heal a person, or make any other feat of magic, has to do with the instantaneous flinging open of something like a window and then reaching through it before you have time to monitor yourself.

I've noted in the training I have had in shamanic healing that the techniques are designed to busy all the brain's monitoring systems and thus give the acting-shaman a chance to fling open that window. When I am chanting, directing drummers, using my rattle, locating the illness, seeing the illness, and using certain physical movements to remove the illness, all simultaneously, there is hardly the time or brain power to be self conscious.

Those two words, "self conscious," I believe are contained in the secret to the Healer's magic. When we are monitoring ourselves; worried about how we look, if we'll succeed, what they think, and if we are "right," we block our ability to heal ourselves, others, or even our planet. We cannot heal for recognition and to be successful.

The key to healing seems to be a moment in time when we are willing to let go of the ego. Some of us spend hours in meditations and prayer trying to rid of our egos. Getting rid of the ego is not health, and if a person should achieve such a cleansing, she would be so ungrounded that she would be unable to manifest significant power of any kind. What we want to "get rid of" is our attachment to being right and admired.

It seems that if we insist on being right and admired by others for how we "do it," we are so busy polishing our egos that any significant healing would be near impossible to manifest. When I think of the healing we as a people need in rela-



tionship to each other and to Earth and her other children, I know that our egomania is like a creeping fungus silently sucking the healing energies from us all. Where I grew up we were often reprimanded for "showing out." I understand that type of behavior in children is called "showing off" in other regions. But what do we call this "center of the universe" behavior when we as adults self consciously perform for the eyes of others dozens of times each day? Well, whatever it is called; it is not healing.

If, in fact, we are willing to become Healers we must connect with that powerful fragment of divine energy deep inside ourselves, be willing to trust ourselves, and let go of our self consciousness.

Try this on yourself or a friend who needs healing from a simple headache. First get her permission and let her know that you may need to make more than one effort in order to actually manifest the healing.

Position your body so that it is open, in other words, do not cross your body in any way. Get in a comfortable balanced position. Close your eyes; feel deep tap roots extending from the bottoms of your feet and the base of your tailbone deep into the earth. When the roots are in place begin to vision a flame of energy that begins in your base chakra and grows taller and taller until it reaches your heart chakra. Experience the flame warming you until you feel yourself radiating warmth, then recall in a sensory memory what it feels like to love someone. Remember-feel the experience in your chest. One way to do this is to recall a moment when you remember being deeply affected by the love you felt for someone. When you are powerfully connected with that love then allow yourself to feel it in your physical body. When your chest is filled with it then choose to expand the experience until it grows larger than your physical body. When you are willing, step out of your experience of being in your body and become the love. From that place of "being the love," reach out with your left hand and snatch away the headache and fling it into the nearest body of salt water or the flame of a fire. Then wash your hands in cold running water or water with a pinch of sea salt in it.

Did it work? If not, then ask yourself these questions. Did I wonder what I looked like doing this? Did I tell myself that this would never work for me? Did I wonder if I was doing it right? Did I start feeling like I was doing it just perfect? Did I remember my little "s" self at any point during the healing? Did I feel any anxiety or fear of failure? The bottom line is: did I monitor myself in any way or was I self conscious?

If you did monitor yourself or were self conscious, then try chanting while you do the same thing again. You can use a chant you know or just a couple of syllables and a very simple tune. Start

with the chant, and chant until the sound flows so easily you can do it without thinking. then use your brain power to begin the exercise over. Just keep practicing until you experience that magic moment when you forget to remember how little you are.

In that moment of real connection with Self the window is flung open and all the healing power of any Healer is ours to choreograph.

For me this exercise is not easy, but when I am willing to let go and be my infinite Self for even a moment the powerful magic of healing is there. Best I can tell, those women who are "natural" Healers are women who are not self conscious, on any level, for the time they are directing that healing energy.

Gail Montgomery, M.S., has been leading women's workshops for 13 years, and has trained with various shamans to teach cross-cultural shamanic processes for healing and well-being. Gail combines her shamanic work with psychosynthesis, gestalt, and spirituality drawn from the divine feminine. Working with dreamtime and visions, Gail helps others to connect with earth wisdom, personal female powers, and with the blossoming of the divine feminine spirit, to retrieve ancient healing rituals and to recover intuitive powers to heal self and others. Gail resides in Sunnyvale, Calif.



EXPLORING OTHER LIVES: HEALING THE ONES WE LIVE NOW

Cerridwen Fallingstar

'There is no end to the circle, no end.
There is no end to life, there is no end.'
—Starhawk, *The Spiral Dance Ritual*

"Now," said Gran, "when doing green work, a balance must be kept, else your remedies shall lack potency." Annie and I nodded. We had been drilled to the notion of balance for as long as we could remember. Mina and Sarah were as attentive as if they too were new initiates being tutored at the arts of wortcunning. I wondered if Annie felt as proud as I did to at last be one of the women's circle, learning the arts that only women know.

Gran went on to show us that some of the same herbs were used for potions to conceive as in the unguents to cast a child forth, and yet again in the teas used to aid in labor. She explained the importance of asking each swatch of herbs which purpose it wished to serve, so that the plant would lend the full strength of its spirit to the effect desired. She started us with bunches of the red and purple heather we had gathered, demonstrating how to hold the plant gently in the cupped palm, holding it over the three piles and placing it in the pile that made our hand tingle and glow when we passed over it. As we became more adept, she promised, we would but touch the herb and know in an instant what its choice would be. Annie quickly got the hang of it, her fingers sorting the plants as deftly as they wielded a needle. For me, the work came harder. I would hold a plant and see the part of the forest or heath it had come from, feel the hooves of browsing deer or sheep, sense the burrowing of roots, the ecstatic in-drinking of a deep rain...it was hard to narrow my vision. I could hear my Gran saying in exasperation, "This child's mind is as scattered as a float-about." I looked up guiltily, but her exasperation was a vivid memory only. Her eyes were closed, she was absorbed in the pounding rhythm of the mortar and pestle and the interweaving chant she and Mina and Sarah braided into shining ropes of water and color and fire...

"Ya va ba tu saba yanda va tu sieb..." Sarah's high voice brushed its wings over us. "Ya va ba tu saba yanda va tu sieb." Gran's gravelly voice and Mina's resonant one joined in. "Ya va ba tu saba, van tu manya san ta sien, Van tu manya san tu sien." And the chant and the pounding and the motion of our hands and the steady rain and the cats purring and the fire talking wove into a song and soon all was so braided I could not tell one thing from another and nothing existed but the rhythm and all that was not part of it vanished.



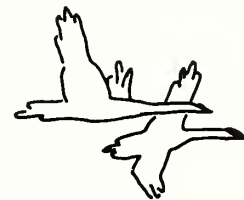
The passage above is a short excerpt from a book I am writing called *The Heart of Fire*. Set in 16th century Scotland, it is a book about Witchcraft as it really was—an ancient system of healing, divination, and nature worship.

The unusual thing about the book is that it is not historical fiction, but posthumous autobiography. Every detail of the book is past life memory, accessed by deep trance work. Library research confirms and corroborates the historical accuracy of my visions.

Traditionally, history is written by the winners. The healing arts and techniques of non-patriarchal cultures have been "lost," the healers and their records destroyed. But, "you can't kill the spirit; it goes on and on and on and on and on..."

Nothing is really lost. My own explorations into other life spaces and the facilitation I have done with other people convinces me that time is not linear. Time is circle, spiral, mandala. All the power and the wisdom of our forebears — and our descendants — lies within our cells waiting to be sparked into life.

Exploring other lives may be healing on many levels. A woman who has a particularly difficult relationship with her husband may remember another life in which her husband was an abusive father. As with childhood traumas, memory is the door that opens into release — by remembering and understanding her karmic choices, the woman can release the blocked or twisted energy and experience a dramatic shift. Either the dynamics of the current relationship change, or her need to be in the relationship changes and she can let it go and move on.



Insights into physical illness or injury, and subsequent healing, often occur through awareness of other lives. Often if a person has been injured or killed in another life, the event seems to leave a psychic scar which causes the person to experience repeated pain in the same area of the body where they experienced the suffering before. Often, simply seeing the original trauma releases the pattern, allowing healing to come. If necessary, an experienced trance guide can facilitate healing with guided imagery and/or restructuring the past experience into a beneficial one. Depending on the type or severity of the problem, the subject may want to continue herbal, pharmaceutical or other medical intervention to complete the physical side of the healing process.

When we choose to remember, to become whole, we heal not only ourselves, but our culture. Telling the truth about our past history empowers us all, bringing forth valuable information and ar-



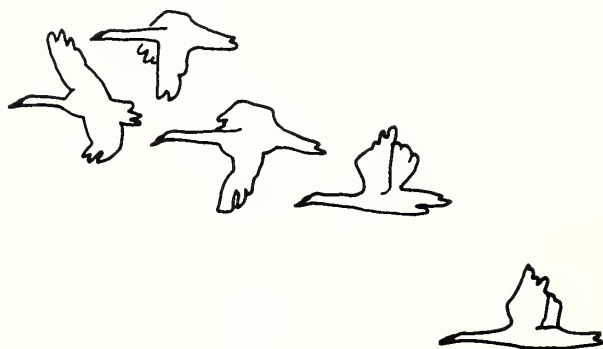
chetypes that are the roots of a healthy culture. And when we walk into our future, we receive the fruits of all the planetary healing work we are engaged in now. Seeing that the future exists, that the earth is still bountiful, that humans have created ways to live in intimate harmony with each other and with All-That-Is, inspires and encourages all who experience it. And as we experience it, we create it, we make it so. What is remembered lives...to heal us.²

¹Naomi Littlebear, "You Can't Kill the Spirit"

²Starhawk, *The Spiral Dance Ritual*

Author's Note: For those who are interested in pursuing reincarnation trancework and healing, I recommend the chapter on Reincarnation in Diane Mariechild's book, *Motherwit: A Feminist Guide to Psychic Development*.

Cerridwen Fallingstar is a writer and priestess who lives in Marin County with her partner, Elie Demers, and her son, Zahery Moonstone. She teaches magic classes with Reclaiming, and facilitates personal expansion and awareness through guided tarot meditation, time-travel and other trance-work journeys. Her book, *THE HEART OF THE FIRE*, will be complete by the end of 1986. Cerridwen will be presenting at the 3rd annual Creative Arts as Therapy symposium, on reconciling the power and love chakras.



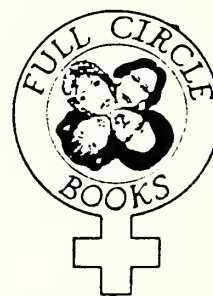
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ANNOTATED BIBLIOGRAPHY AND RESOURCE LIST

Suzanne Palmer

The following books and resources may interest the general reader in learning more about the themes and topics of this issue. The comments are, in part, subjective summaries, based on my work as a healer.

Barbara Ehrenreich and Deidre English, *Witches, Midwives & Nurses*, The Feminist Press, SUNY/Old Westbury, 1773; to be reprinted by Harper & Row, Spring, 1986. This 48-page pamphlet will come as a surprise to many of us who do not know anything about witches and midwives except through socially-conditioned eyes. This book succinctly delineates the destruction of folk medicine and of women healers as the direct result of the rise of church and state authority. Of special, contemporary relevance, is the story of the rise of the medical profession in America, at the expense of women healers in particular, and of valid alternative healing modes in general.

Sheila Moon, *Changing Woman and Her Sister: Feminine Aspects of Selves and Deities*, Guild for Psychological Studies Pub. House, S.F., 1984. While not specifically focused on woman as healer, this book is so rich in the images and understandings of the evolution of feminine consciousness, that its relevance, for any woman healer embarked on her own journey, cannot be over emphasized. By comparing the Navaho images of feminine deity with other cross-cultural forms, and by showing the emergence of consciousness through the contemporary dreams of her clients, Sheila Moon ably demonstrates the quality of the journey which a woman must make on her way to becoming a healer.

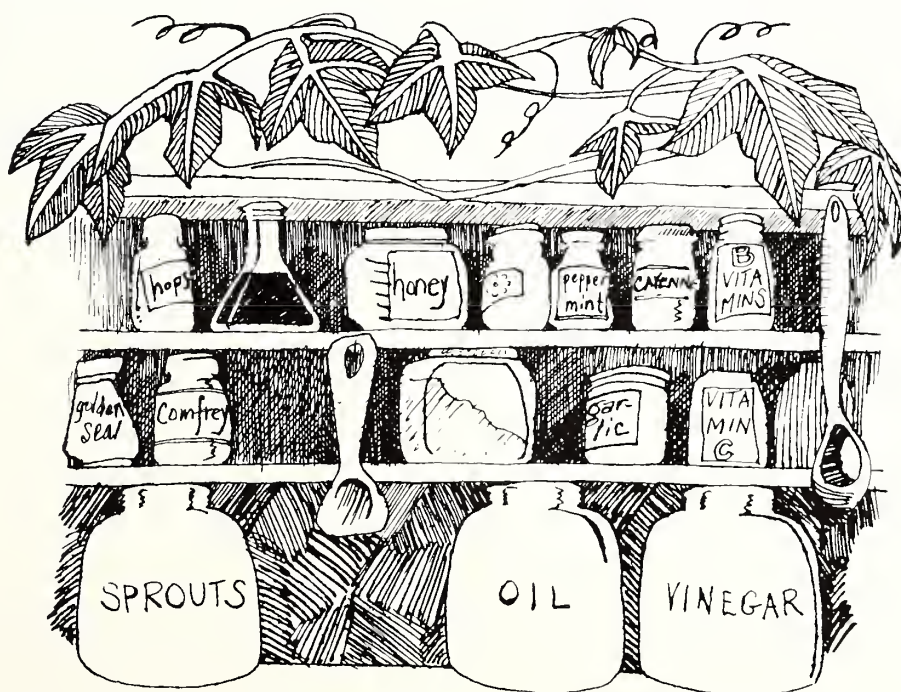
Shaun McNiff, *The Arts and Psychotherapy*, Chas. C. Thomas, Ill., 1981. Beginning with a marvelous chapter on "The Enduring Shaman," Shaun McNiff relinks some of the ancient forms and processes of the traditional shaman with the contemporary practices of expressive arts therapists. He then proceeds to look at expression in and of itself, and then in relation to the arts for therapy. He covers oral and written language; movement, dance, and the body; sound and music; visual imagery; and drama. He concludes that "the modern artist-therapist has more in common with the aboriginal shaman than the medical-

ly trained therapists, whose methods are more often than not antithetical to the artistic process." Viewing shamanism and psychotherapy as related processes of "empowerment," McNiff sees all people as "potential alchemists of the spirit," and the arts offering "a very old and predictable hope in sanctifying life through creative enactment." McNiff's bibliography covers a cross-section of the standard accepted works on the creative arts as therapy.

Jeanne Achterberg, *Imagery in Healing: Shamanism and Modern Medicine*, Shambala, Boston, 1985. Jeanne Achterberg's ideas provide a special format for looking at the healing process within contemporary medical practice. Women and men alike were called to the shamanic path. The use of imagination to heal underlies the healing process regardless of cultural variants. She overviews the fate of Wise Woman/witch/shaman historically. After surveying the function of imagination in the physical, behavioral and social sciences, she shares the exciting uses of imagination in the field of psychoneuroimmunology, modern medicine using mind to heal. Not a book for every reader, but worth the effort for any working woman healer.

Garrett Porter & Patricia A. Norris, PhD, *Why Me?: Harnessing the Healing Power of the Human Spirit*, Stillpoint Pub., Walpole, N.H., 1985. This is a rare and special personal history of a nine year old boy, Garrett, and his therapist, Dr. Norris. Garrett has an "inoperable and terminal" brain tumor. While their work is labeled "adjunctive cancer therapy," a support to regular medical treatment, this story itself suggests a coequal relationship among physician, therapist, and patient, as a superior model for treatment of disease. Garrett's personal labors in healing, shared in his own words, and his own perspective on how/why he healed, provide a lesson to us in overcoming adult prejudices and resistance to our own abilities to heal ourselves.

Joan Halifax, *Shaman: The Wounded Healer*, Crossroad Pub., N.Y., 1981. This work, part of a wonderful series on an Illustrated Library of Sacred Imagination, helps us to recognize special human experiences common to all cultures. While the shamanic experiences and practices may seem extreme to most of us today, they focus our attention on the inner journey which all of us, whether we know it or not, are engaged in. The focus on the wounded healer archetype is crucial to woman as healer; it reminds us of the integral connection between our own wounding and healing processes. The art of healing is not learned in books, but in the risks taken, and courage found, within the healer herself, as she travels her unique path.



PERINATAL DEATH, BEREAVEMENT AND THE HEALING PROCESS

Janet Green

I lost a child in April 1984. In coming through that experience I did a research paper on bereavement, wrote a personal account for a counseling course, addressed the campus group, "Theology for Lunch", on the topic; and, thanks to *The Creative Woman*, which financed the registration fee, attended a national conference on perinatal bereavement in Akron, Ohio. In this article I want to share what I have learned, both in my study and on a personal level.

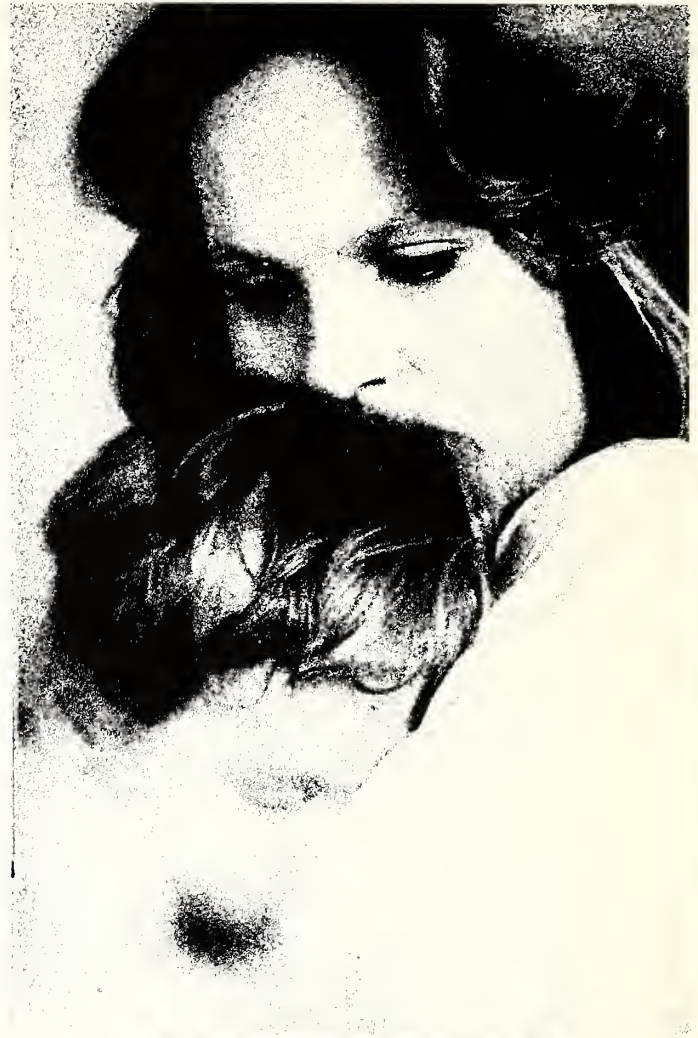
THE HEALING PROCESS

The healing process of maternal grief is a very complex one. There is still a lot we do not know about what is involved in the maternal grieving process. What I have found out both from research and personal experience is invaluable. The process of helping families get through the loss of an infant is terribly important and still to be further developed by those in the medical and helping professions.

Perinatal death can be classified in four ways: 1) within the first year of life from undetermined causes (Sudden Infant Death Syndrome); 2) during the first six months—neonatal death; 3) stillbirth; and 4) prenatal-miscarriage.

Mothers need a chance to talk about their experience. A failure to accept the reality of the loss or pathological behavior can occur if some outlet is not found for the mother. A bond is formed between mother and child actually from the time of conception. The feeling of loss is almost indescribable; a part of yourself has been lost, like losing an arm or any other part of your body. Something you have loved and longed for, for many months, is suddenly gone.

Emotions vary from woman to woman but usually the age of the infant or fetus at time of death has no bearing on the intensity of grief. Some common characteristics shared by women are: 1) feelings of anger, bitterness, guilt and failure. 2) The details surrounding the birth and death are vividly remembered long afterwards. 3) Grieving mothers found communication channels closed, so that when mothers were interviewed there was a great outpouring of emotion. 4) Husband-wife relationships became strained, usually because of a breakdown in communication. 5) Women had unsatisfactory relationships with their physicians. 6) Hospital staff and rules



Somehow the miracle of life
Still exists within death.
And I still continue to live
Perhaps to believe in love . . .
As I am able to say:
"My baby has died."

often hindered the resolution of grief. 7) The total resolution of maternal grief is a continuous process—sometimes referred to as "shadow grief." Shadow grief is that portion that is always tucked away in a mother's heart or memory. This does not mean that the grieving process has not been resolved. It means that your life will always be a little bit different because of what has happened to you. Things like the baby's birthday may always bring back those bittersweet memories, and feelings of love that you will always have for that baby.

The mother's relationship with others is perhaps the most significant factor throughout this whole process, and the most significant factor in your relationship is communication. Very few people,

doctors, nurses, family members, and friends know how to talk to a grieving parent.

In understanding the husband-wife relationship during the death of a child, the first thing to consider is the maternal-infant bonding. There is probably no stronger bond in the world than this one, the baby has been a part of her, gotten its nourishment, its actual life from her since conception. She feels the baby inside her, and at birth has biological needs to hold and feed her. The father on the other hand, does not have these biological attachments. He certainly has emotional ones however. He intellectualizes these feelings sometimes by analyzing himself and his life. He usually becomes more emotionally involved as the pregnancy develops and reaches its peak when the child is born. These differences in bonding with the infant can cause very severe communication problems between husband and wife. What society expects from the father has a big impact also. Our culture says the man must be strong, supportive, macho, and never be weak or emotional. So even if the father is truly hurting, it's very hard for him to show it. The grieving process is different for the father and mother because of these reasons and awareness of this can greatly alleviate some of the pain and stress between the couple.

The physician plays a great role in this experience. Sometimes the physician is afraid of death and therefore likes to avoid it. It is a problem in the use of medical responsibility. Their training and professional attitudes are oriented to life, and death provokes anxiety for them. So they sometimes deal with their anxiety by avoiding the patients. One of the best things they can do is to give the parents the freedom to do as they please, exempt them from the subjection to the will of others. Parents need the power of choice. Some ways to overcome these obstacles are to offer the parents the option to see, hold, and be with their baby. Give them mementos such as footprints, the baby's blanket or any other object that can serve as a memory. Discuss with the parents the details of the baby's circumstances. Letting them know what is wrong, what can and can't be done and then allowing them to make their own decisions is best for the parents.

Once the mother is home she must deal with other people. Again, family and friends are usually well meaning but can be hurtful. A mother needs a listening ear, caring visitors, and tokens of kindness.

Funeral arrangements can be a devastating experience. Sometimes other family members want to take control, thinking it is best for the family. Only the parents should be given the opportunity

to decide what they want and should be given all options involved. Some funeral homes have no fees for infant services or burials; this is a comfort in the face of mounting medical bills.

The funeral has an important function as healing ritual. The pain of unexpressed grief, the emotional misunderstanding and miscommunication between the parents, when there is no funeral, is eloquently revealed in Robert Frost's poem, "Home Burial." Without a sanctifying ceremony to give meaning to loss, the grieving parents are left with unresolved grief.

The general community response can be one of avoidance. This is because our culture attributes lack of significance to infant death. If it were an older child, they would understand. But the thought of an infant dying doesn't seem to carry as much weight. This general attitude can make it hard on a grieving mother and father.

A subsequent pregnancy is usually the ending chapter in the grieving process. It should not be an attempt to replace the child, because that can never be done. But a new child can bring much meaning into the family's life. A mother should expect a great deal of anxiety with this subsequent pregnancy.

Persons working with grieving mothers need to be thoroughly educated with the literature concerning grief and loss. The grief over a baby's death cannot be underestimated or compared with other's grief. Focus should be put on empathy and sensitivity; both of these can be learned from the mother herself and from each other. These mothers need to be taught positive adjustment and survival.

There is still an overwhelming need for carefully planned research based on qualitative data. Support groups and in-hospital bereavement programs have been established in the last few years. They offer aid, comfort, information and support to parents experiencing this tragedy.

In November of 1985, I attended a National Perinatal Bereavement Conference in Akron Ohio sponsored by the Human Values in Medicine Program and Area Health Education Center of the Northeastern Ohio Universities College of Medicine with The College of Nursing Continuing Education of the University of Akron. Here nurses, doctors, social workers, chaplains and parents gathered to develop a better understanding of the grieving parents, to learn from each others' programs and to give support to a fledgling field. More conferences have been scheduled across the country to bring a better understanding to the medical public about the needs and concerns of these parents and what can be done to make this healing process an easier one.

A PERSONAL ACCOUNT

I have personally experienced perinatal bereavement losing a daughter a few hours after her birth. My pregnancy was planned. We were thrilled when it was confirmed. I had some reservations: I was terribly ill with morning sickness, I was concerned about a new baby interfering with my graduate studies and wondered about the age difference between my son (who was 4 years old at the time) and the baby.

When I was about 7½ months pregnant I had a very large weight gain which was unusual for me. My doctor thought I was having twins and ordered a routine ultrasound test. The ultrasound showed some abnormalities, so my doctor immediately had me transferred to the University of Chicago for further testing. At this point I was in a state of shock that left me somewhat detached from the whole situation. At the university there were many residents and other students that came in during my endless round of ultrasounds. Comments were made such as, "I've never seen anything like that before!" and "Now is that the lungs there? . . . no that is the liver." At that point I was emotionless. It was decided shortly afterwards, after consulting with the specialist and my own obstetrician that labor should be induced, as there was virtually no chance of the baby's survival outside of the uterus and my own health would be in danger.

My labor and delivery experience at the hospital were fascinating. I was heavily medicated and still in a state of detachment. It was very much a medical/physical process for me in that I felt very little emotion. My greatest source of distress was watching my husband go through such pain. I had not realized how strongly he felt until that time. As soon as the baby was delivered they whisked her off to the Neonatal Intensive Care Unit and left us alone in the delivery room—holding onto each other.

The hospital staff was knowledgeable and understanding about the grieving process involved in infant death. They strongly encouraged me to hold the baby (which my own obstetrician strongly advised against). A chaplain came in to read scripture and give a prayer for her and then they left us alone—allowing us to spend as much time as we wanted with her. They gave us pictures and her blanket, knit cap and bracelets. (Later, when people came to see us at home, I felt so foolish showing them the cap and blanket instead of a real baby. Now I am proud to store and cherish them.)

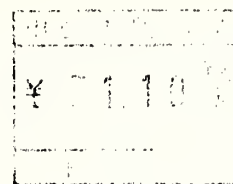
We kept the whole situation a private matter. We had a private burial with our son, our pastor and the funeral home director. Our parents live

long distances away and were not with us, which may have been difficult for them also. We took Chris, my son, to my parents a few days before I was to go into the hospital so he could stay with them, and one of the strongest impressions I have from the whole experience is watching Chris walk off with my father—I wanted to run and hold onto him for dear life, as if I were losing him too. Christopher has felt the loss too, and still talks about "our baby", asking to stop and see her gravesite, which we do.

My feelings of loss and grief came later. Even though I did think of the baby a lot, and experienced all of the symptoms that were discussed in the earlier pages, I still did not feel the grief. Only a subtle depression that was slowly taking over my life, taking away my motivation and purpose. The holidays were hard—seeing other little girls that were the same age as my daughter would have been. I wanted to be able to buy clothes and toys for her and get her picture taken with Santa. . . all those things. I think finally acknowledging those feelings started me back to the real world. The healing process takes time and bad days come with the good. As time passed, the pain softened, and bad days occurred less often. Life does go on. Chris started Kindergarten and I continued with my studies with an added zeal, perhaps more sensitive to the needs of others and with a greater reverence for life.

Janet Green is editorial assistant for The Creative Woman, and a graduate student in School Psychology. She is married and the mother of a seven year old son.

WOMEN OF CHINA
50 Deng Shi Kou
Beijing
People's Republic of China



Women of China

中国妇女

50 DENG SHI KOU, BEIJING, CHINA.

August 10, 1986

Mrs. Helen Hughes
The Creative Women
808 Pin Oak Lane
University Park
Illinois 60466, U.S.A.

Dear Mrs. Hughes,

Thank you very much for sending us copies of the winter issue of The Creative Women. My colleagues were pleased with this end product of our joint project. We have also sent some complimentary copies to the professional women we interviewed, and received warm response.

We appreciate the introduction which sets the tone of the whole issue. Both the composition and art design have been carefully planned. The Chinese calligraphy enhances the artistic effect of the layout. We would like to congratulate other contributors who have helped make the presentation comprehensible. This issue is in fact not only a joint project between our two magazines, but a collective effort of many who are interested in Chinese women. You and your colleagues should be given credit for having made this possible.

I am not sure whether you receive our magazines regularly. In the coming year, we plan to put our emphasis on improving our magazine and giving it more variety. We would like to exchange complimentary copies with you. By working in our respective field, we would be able to promote mutual understanding and friendship among women of the world.

Thank you once again for your cooperative effort,

Air Mail

Handwritten signature/initials

Sincerely yours,

Handwritten signature of Li Zhongliu

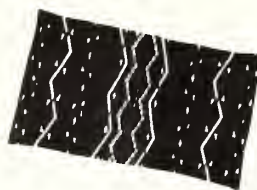
Li Zhongliu
Acting Director
WOMEN OF CHINA



Navajo Art USA 22

How much we have enjoyed this latest issue, from the beautiful cover photo to your column on the last page. For myself, the grass grower is the most touching, because of her determination in such a forbidding part of the world.

Vicky Reiss
New York



Navajo Art USA 22



Navajo Art USA 22

I am sharing the inspiring issue on China with my sister, librarian at Maharishi University, Fairfield, Iowa, and am asking my daughters to find it in their libraries at Pennsylvania State and Cambridge. I was impressed by the thorough bibliography and by what those outstanding Chinese women have gone through to have achieved their varied accomplishments. I especially related to Gong Shu's article on "Creative Relating"; all of us can aspire to that achievement in living, even if we have no other outstanding accomplishments apparent. I think how proud my M.D. mother (who was a missionary in China long ago) would have been of these Chinese women!

Jane Coffin
Port Republic, Maryland

ANNOUNCEMENTS



National Women's Health Report

P.O. Box 25307, Georgetown Station, Washington, D.C. 20007, (202) 333-1643

Our information-laden newsletter, the National Women's Health Report focuses on the facts, current health issues, and preventive medicine. We include topics of interest to individuals of every age and lifestyle, whether you're an athlete, a career woman, pregnant or postmenopausal. We even cover your requested topics.

EVERY DAY A SABBATH: A REPORT

The tradition of the academic sabbatical derives from the ancient Judeo-Christian practice of the Sabbath—the season or day of rest and repose, an intermission from work and worldly cares, from pain, effort and sorrow; a time of joy, of freedom, of introspection, reading and prayer. The sabbatical is one of the great blessings of academic life, when used well. It provides a time for “plerk” which is that special almost holy kind of work that is like play in that it is freely chosen and deeply desired. (Plerk is what people do who love their work so much that they sometimes ask in wonder, “Am I really getting paid for this? I’d do this for free!”) Your editor enjoyed the first six months of 1986 on such a sabbatical, spent at the University of California at Berkeley, at Earlham College in Richmond, Indiana, and ending with a visit to Washington, D.C.

I attended conferences, visited classes, participated in seminars, met many women in the forefront of feminist theory and writing, read in the field of feminist literary criticism (acquiring more than forty new books in the process) and cogitated on how feminism relates to the psychology of women and especially to the understanding of women’s creativity and the obstacles to its expression. This column will describe some of the highlights of my sabbath.



Association for Women in Psychology

AWP held its eleventh annual national conference on feminist psychology in Oakland, March 6-9. Virginia O’Leary and Barbara Wallston were keynote speakers (social psychology), Ravenna Helson gave an Invited Address (adult development) and there were workshops and panels on conflict resolution, sexual harassment, women in academia, sexual identity, rape prevention, federal legislation, mothering, feminist spirituality, unlearning racism, neuropsychology of sex/gender differences, feminist therapy, overcoming childhood traumas and “empowerment through clear thinking skills.” On the cutting edge of feminist theory was Barbara Wallston’s address, “What’s in a Name?” in which she discussed the importance of the naming of our field, contrasting the

theoretical underpinnings and political implications of “psychology of women”, “feminist psychology,” and “psychology of gender.” The last term, proposed by Nancy Henley, implies a parallel status but “everything isn’t parallel!”, Wallston points out, insisting that feminism must be built on the notion that women are an oppressed group and that oppression should end. There is also the danger that the “masculinist” position could carry an anti-feminist boomerang. Barbara Wallston has promised to send her paper to us for a future issue of TCW on feminist theory; readers will meet her critique again in these pages.

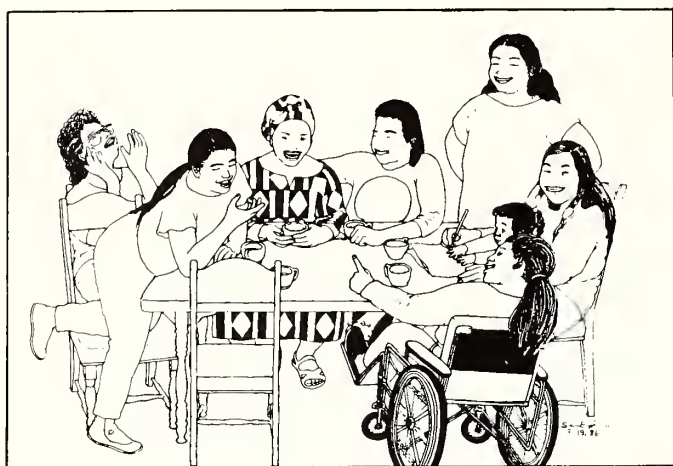


A Forum on *The Color Purple* became a vigorous and emotional debate between black women and men on the impact of the novel and the film on attitudes about black males in this society and on the role of art in changing attitudes. Luisah Teish was dynamic, speaking of her study of African religion and medicine and how it relates to the consciousness, strength and centeredness of black women, so well expressed in Alice Walker’s powerful novel.



Our awareness of the black American experience has been, until recently, dominated by male voices: Richard Wright, James Baldwin, Ralph Ellison have taught us to see the mask and the

"invisible man" behind the mask. Only recently, with the novels of Toni Morrison, Maya Angelou, Ann Petri and Alice Walker (and the re-discovery of Zora Neale Hurston) has the black woman's story been brought vividly to public consciousness. *Color Purple* is about women's transcendence: Celie triumphs because she learns to be feisty from Sophia, learns love from Nettie, and learns pleasure from Shug. True, the film is not the same thing as the book. Walker's novel is subtle, dark, full of nuances, spiritual. Spielberg's film is sunny, slick and prettied up. Why does he never show Celie writing a letter? Why does the purple of the novel become pink in the film?



The Second Annual Empowering Women of Color Conference presented a panel on feminist spirituality that included dance and ritual along with verbal presentations.

The Forum on Women and Development addressed the question "Is Sisterhood Global?" and explored the differences in women's struggles for liberation among Third World societies. Aihwa Ong, Malaysian anthropologist, described what happens to third world women in global factories as "the construction and reconstruction of gender." Used to the oppression of gender, they find another kind of oppression in the factory—the oppression of the machine, the clock, the factory, the supervisor. One effect of this forum was to cause the participants to question "ourselves, our ethnocentric, anthrocentric, or rationalistic biases in our approach to women in the third world."

The famous campus is beautiful in springtime, with flowering trees and students studying or sleeping on the grassy lawns. Yes, the students were demonstrating as of yore: it seemed like a rerun of the sixties. Every day the students built their symbolic shantytowns, protest against the University's investments in South Africa. Every night the campus police tore them down and arrested students. The students made a point that

the State of California has now agreed with, divesting not only the University but the State of all investments that support apartheid.

Berkeley is an intellectual's paradise, especially in the field of feminist studies. I visited Christina Maslach's class on psychology of women and Lois Helmbold's seminar on feminist theory. My last day there I attended a conference on the Paradigm Shift where I met and listed to Fritjof Capra (*The Tao of Physics, The Turning Point*), Charlene Spretnak (*Green Politics*) Susan Griffin (*Woman and Nature*) and Paula Gunn Allen (*Sacred Hoop*). The agenda seemed like a summary of the concerns of TCW: peace, ecology, feminism, human rights, third world issues.

Susan Griffin has evolved a unique theory of the cause of war which she presented at the Paradigm Shift Conference and has also promised to send us a version of her address.

My sponsor, Nadine Lambert, the most eminent spokeswoman for school psychology in the United States, was helpful in steering me toward people I needed to meet and get to know. Clara Sue Kidwell, professor of Native American studies, has agreed to be guest editor of our special issue on Native American Women; her expertise and many contacts among the creative women in the field guarantee an outstanding issue.



The long drive to and from the Coast was itself a time for reflection and learning. Stopping at the Acoma pueblo in New Mexico, I visited "Sky City", the oldest continuously inhabited place in North America and talked with descendants of a people who have practiced matrilineal inheritance all the way to modern times. Property is passed down to the only daughter, or to the youngest daughter. The potters of Acoma (all women) produce a distinctive black-on-white ware based on prehistoric patterns as well as colored geometric designs based on birds and flowers. Acoma is the thinnest and lightest in weight of all modern Indian pottery.

Earlham College, small, fine, Quaker school, is a different place, equally interesting in its way. Here student protest took the form of erecting white wooden crosses on the green lawns, one for every victim of South African apartheid. Here, with access to the Earlham Computing

Center, I learned to relate to their digital computer. . . sufficiently to do my writing on the word processor. There are an impressive group of feminist scholars at Earlham, who, meeting regularly and informally, have created a women's "salon" that would be the envy of larger and more famous places. Near the plain, classic Meeting House on the campus is a statue of Mary Dyer, hanged on Boston Common on June 1, 1660 for being a Quaker. Students and faculty pass her silent, brooding presence on their paths between the library, student center or Co-op. She reminds passersby that the strug-



gle for freedom never ends and the price must be paid over and over again.

On a sabbatical one is supposed to have time to do those things that often get pushed to the background of our busy lives: Such a long-postponed event was a visit to Allegra Stewart who taught me English and American literature, composition and creative writing at Butler University in Indianapolis many years ago. Dr. Stewart is alive and well, sending her latest book off to the publisher, editing a volume of poems, eager to talk about old times as well as feminist issues, on which I find her an informed and committed feminist. It was deeply moving to find again this majestic woman and brilliant scholar who was my mentor when I was a schoolgirl. Readers will have a chance to test this for themselves when we publish Dr. Stewart's article on Gertrude Stein in an upcoming issue.

Were we lucky to land in Washington when so much was going on? The Capital was vibrant with activity and issues that week in June: visiting the Senate, they were debating tax reform; the House astonished itself by voting unanimously for Ron Dellums' bill on sanctions against South Africa; and the day we went to the Supreme Court, they handed down their landmark decision on sexual harrassment in the workplace, ruling for the plaintiff on the grounds that although she had been "willing" to comply, she had not "welcomed" her employer's sexual advances and was therefore entitled to redress. The distinction between "willing" and "welcoming" is important and a nice distinction.

In sum, a time of great stimulation, of looking in new directions, of putting things in perspective. Spiritual refreshment. Sabbaticals are great. Everyone should take one.

HEH

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